

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mashias Avery

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1903	Month July	Day 26	Years 70	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Maryland		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name	Lat			Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hepatitis

How long

one day

Immediate

Coma

How long

Are the name, age, sex, color, date and place correctly given above?

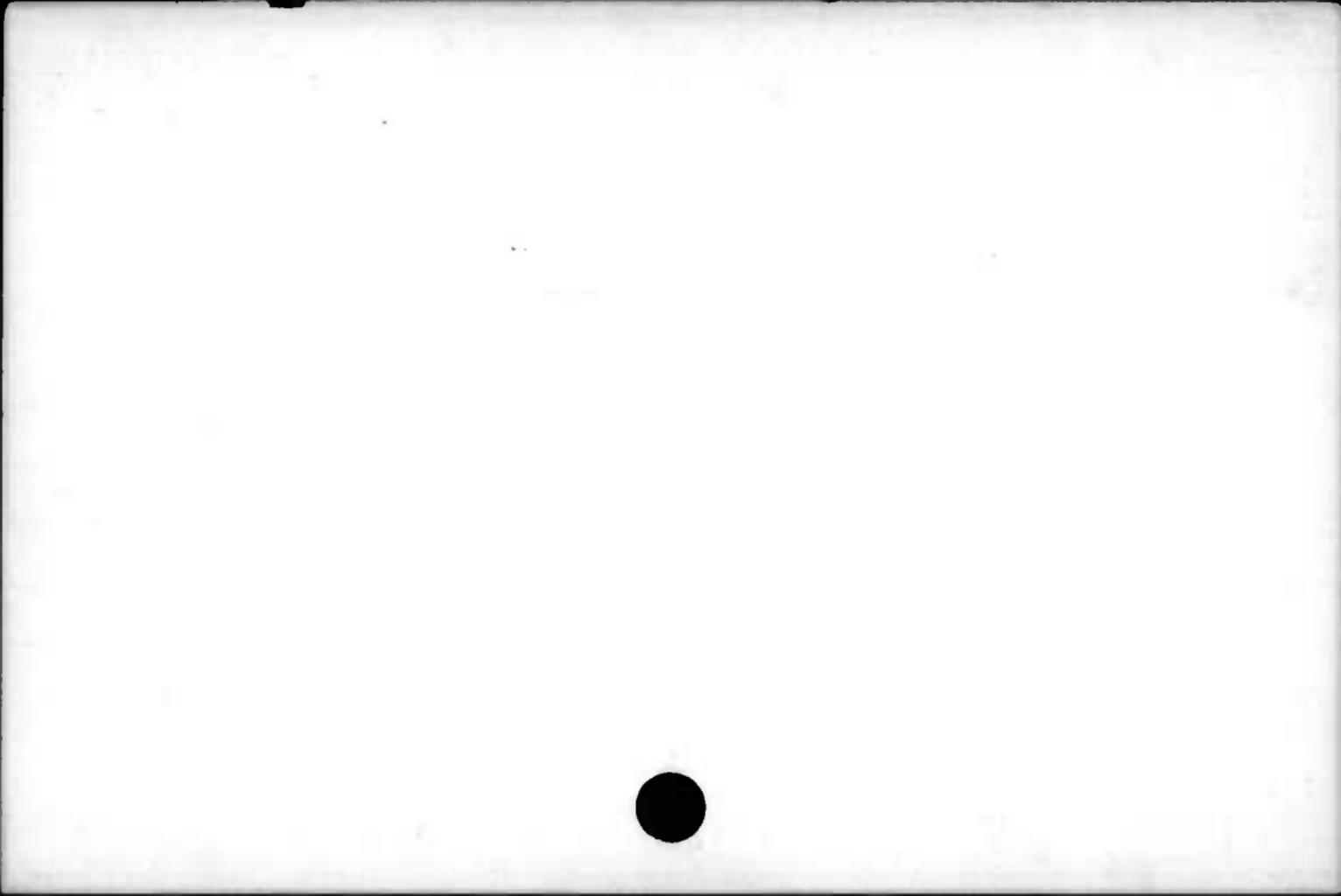
yes

Signature of Physician

Address

J.M. Gear

Accident or Suicide?



Name
in
Full

Edward Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month July	Day 8	Age 19	Years	Months 7	Days
Sex Male	Color or Race White	Birth-place Md.				
Married, Single or Widowed	Spouse	Occupation Laborer				
Name of Wife or Husband						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *6 years*

Immediate *Exhaustion* How long *-*

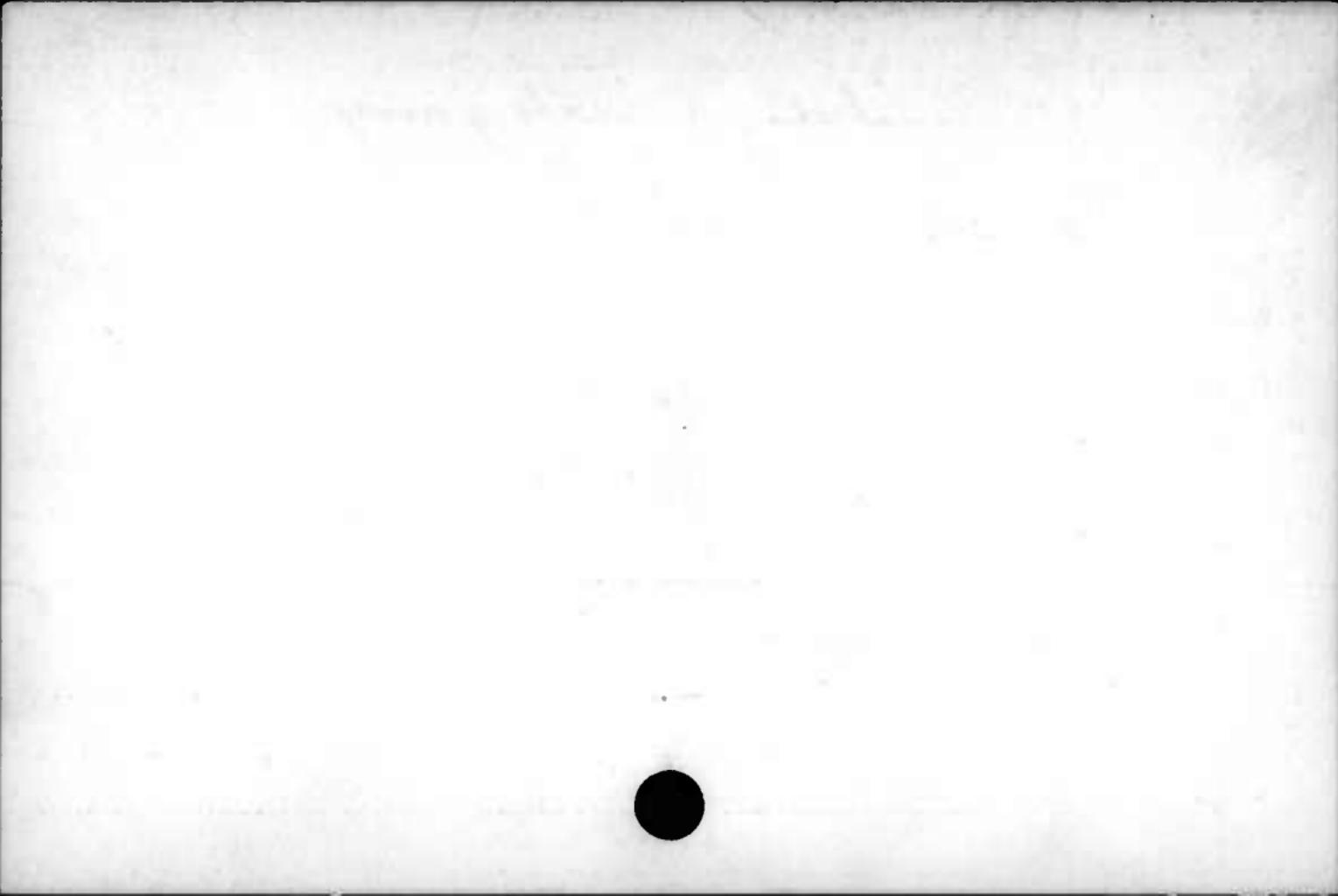
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos. W. Brown
Gloucester Land.
Md.

Accident or Suicide?



Name
in
Full

Madden Virginia Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 7	Day 5	Years 1	Months -	Days -
Sex Female	Color or Race	white	Occupation	Birth- place	Cumberland.
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Benson				
Mother's Maiden Name	Bertha Livergg 93				
Name of person giving Information	Bertha Livergg				
CAUSES OF DEATH					
Primary	Pneumonia				How long 8 days
Immediate	Cocci				How long 6 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	E. Blaylock	Cumberland
Accident or Suicide?		

Name
in
Full

Ralph Bohem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		own County <u>Allegheny</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>7</u>	Day <u>16th</u>	Age <u>13</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>M</u>	Color or Race <u>W</u>	Birth- place <u>MD</u>				
Married, Single or Widowed	Occupation <u>Miner</u>		Lorraine Louise Aylen			
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Injury to head when an infant
Convulsion very short time of 1 or 2 years,
How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. F. Surg. B.
Cumberland, B.
MD

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Booker

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190	3	Month 7	Day 4	Years about 38	Months	Days
Sex	male	Color or Race	Black	Birth- place	Washington	
Married, Single or Widowed	yes	Occupation				
Name of Wife or Husband						
Father's Name						
Mother's Maiden Name						
Name of person giving Information						

CAUSES OF DEATH

Primary

How long

Immediate *suicide (shot)*

How long

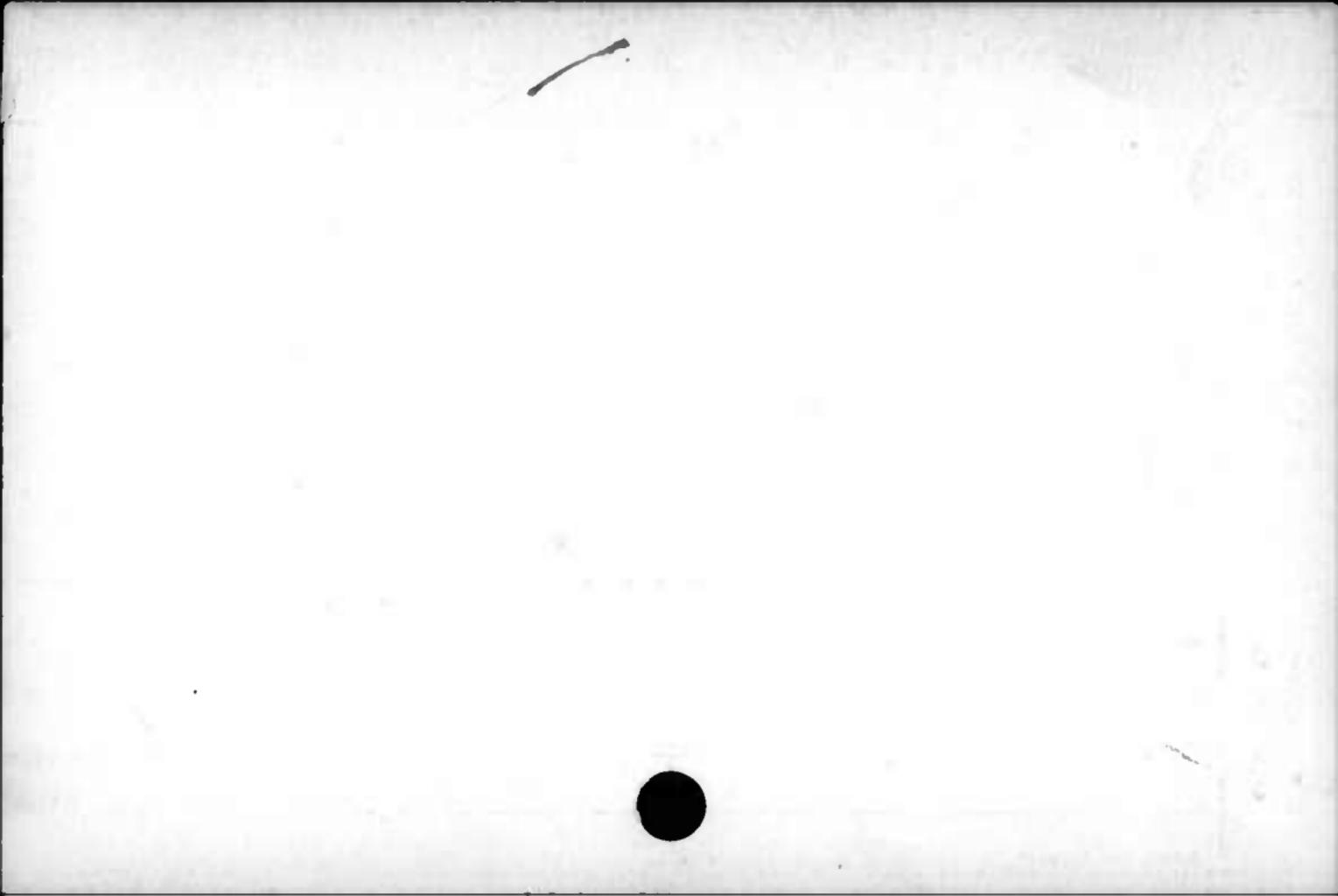
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*W. H. Bonnen for
Dr. Stein.*

Accident or Suicide?



Name
in
Full

Gabriel Ellis Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

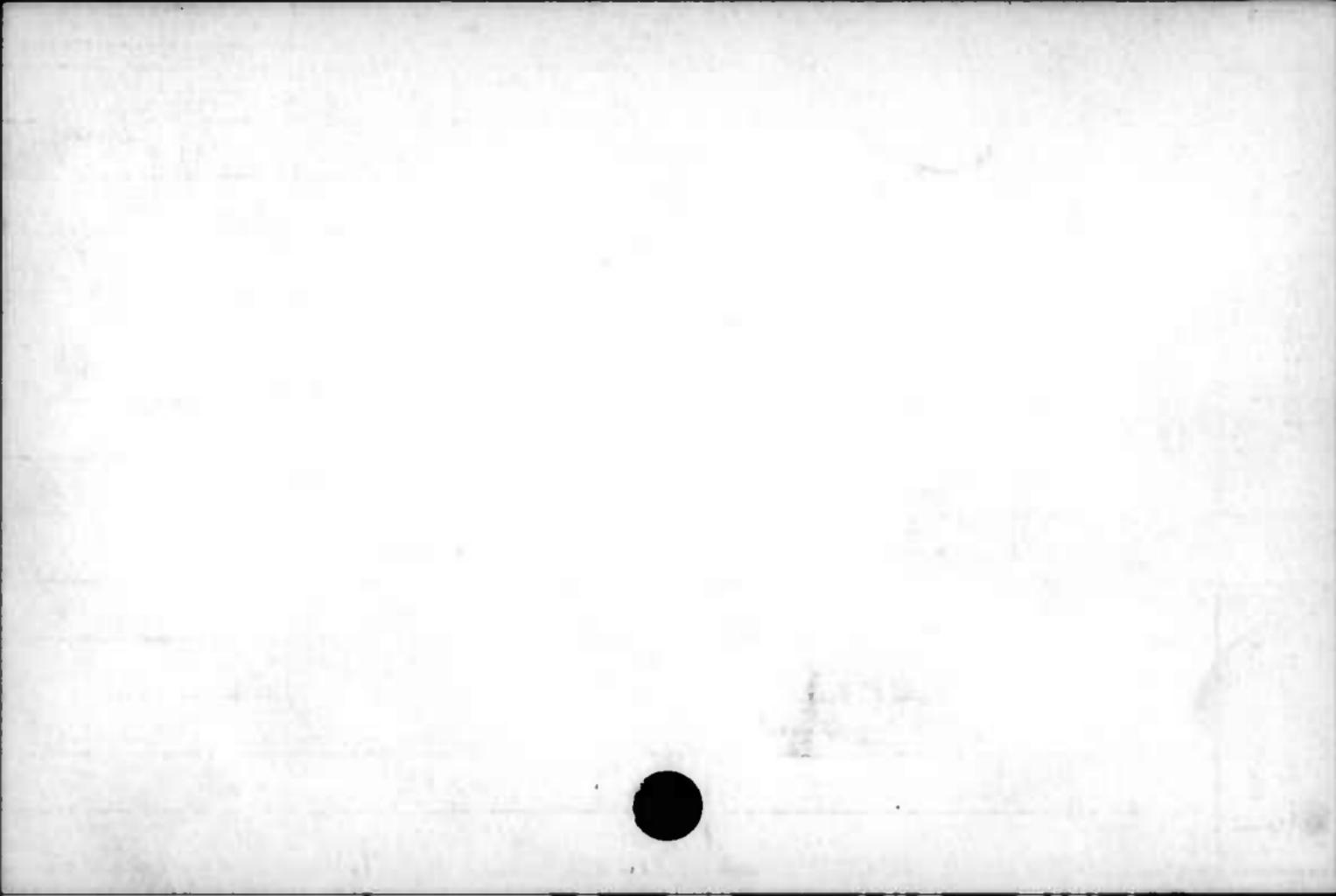
Died at	Town	County			
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth place		
Married, Single or Widowed	Occupation			Residence	
Name of Wife or Husband					
Father's Name				Father's Birthplace	Pa
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	Father

Frank Boyer
Bridget Conway
Frank Boyer

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis		105	How long	48 hours
Immediate	Meningitis			How long	8 hours
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	W.B. Shilling
				Address	Loganberry Farm
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<u>Muriel M Brashears</u>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1903	Month July	Day 19	Years —	Months —	Days 11
Sex	Female	Color or Race	white	Birth-place	Baltimore Md	
Married, Single or Widowed	Single	Occupation		child		
Name of Wife or Husband	—					
Father's Name	<u>Henry Brashears</u>			Father's Birthplace	N. Y.	
Mother's Maiden Name	<u>Barry Brashears</u>			Mother's Birthplace	N. Y.	
Name of person giving Information	<u>Barry Brashears</u>			How related to deceased	Master	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diarrhea

105

How long

3 days

Immediate

Congestive

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

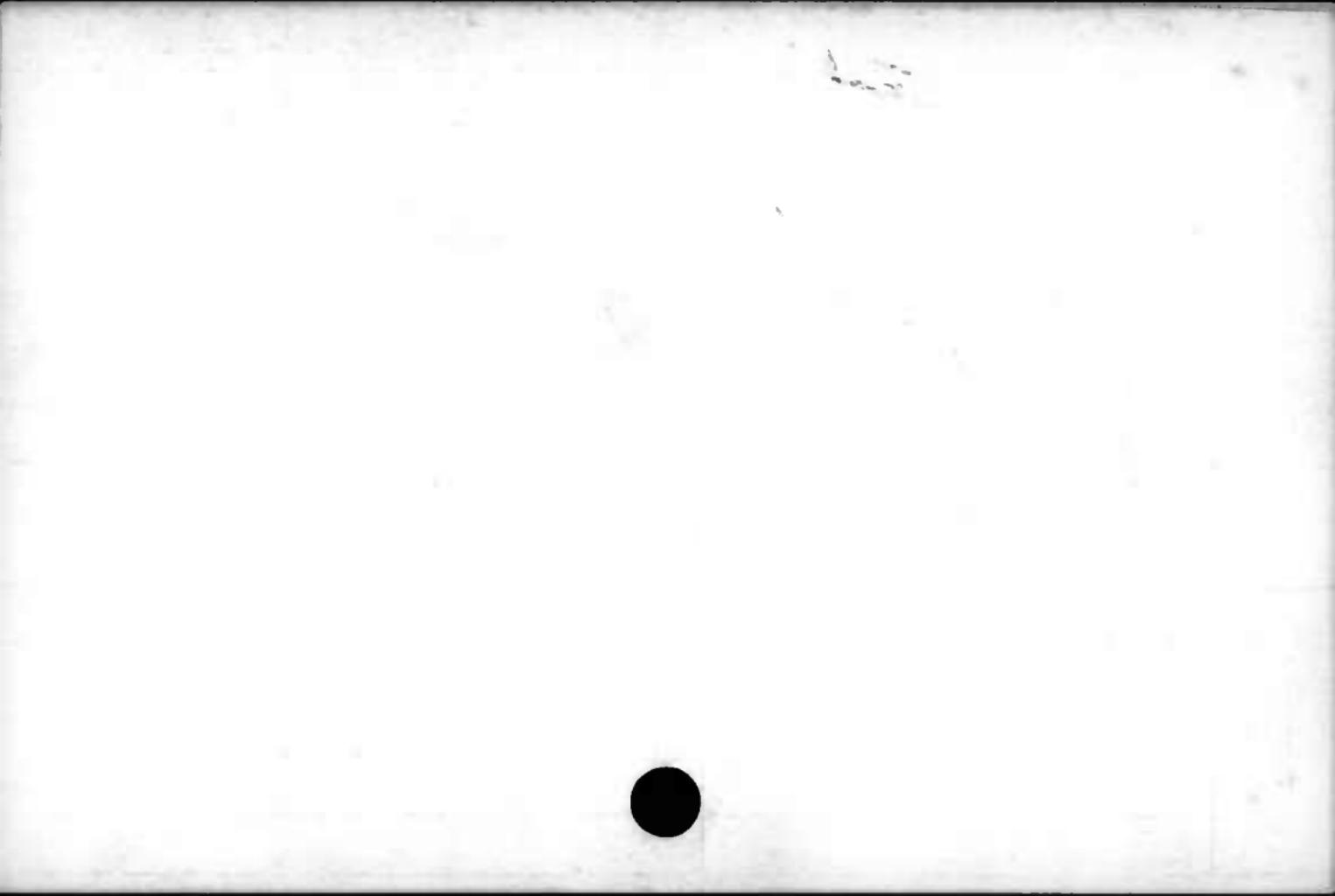
yes

Signature of Physician

Address

Dr. Wilson
Baltimore
Maryland

Accident or Suicide?



Died at		town	County		MARYLAND	
Date of death	190	Month	Day	Age	Years	Months
Sex	Male	Color or Race	white	Birth-place	St.?	
Occupation	Miner			Where Residing if not at place of death		
<u>Married, Single or Widowed</u>				Name of Wife or Husband		
Father's Name	P			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary

Typhoid fever.
Exhaustion

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

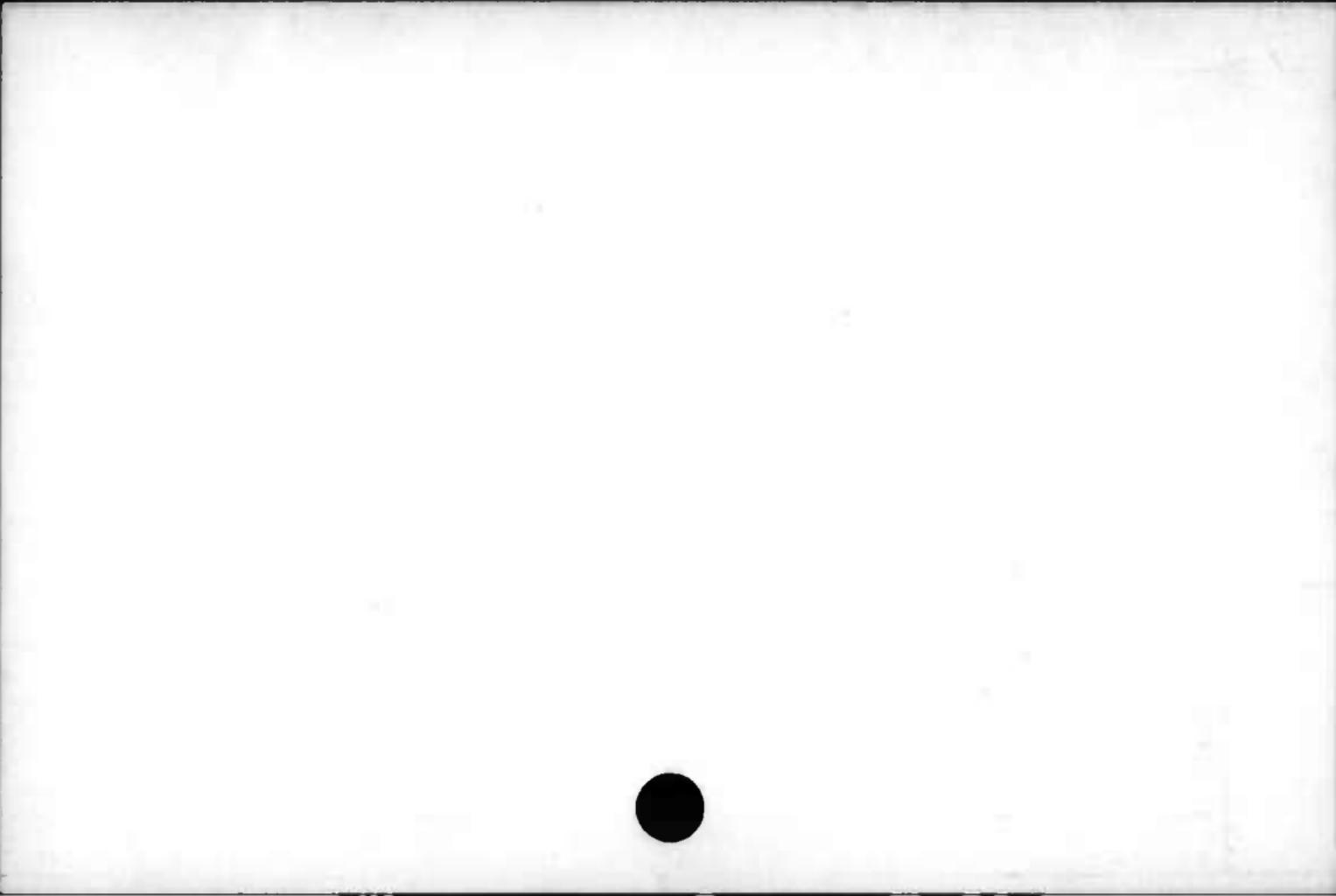
Yes

Signature of Physician

Address

A. Leo Franklin,
Cumberland,
Md

Accident or Suicide?



Name
in
Full

Harry Burton

CERTIFICATE OF DEATH

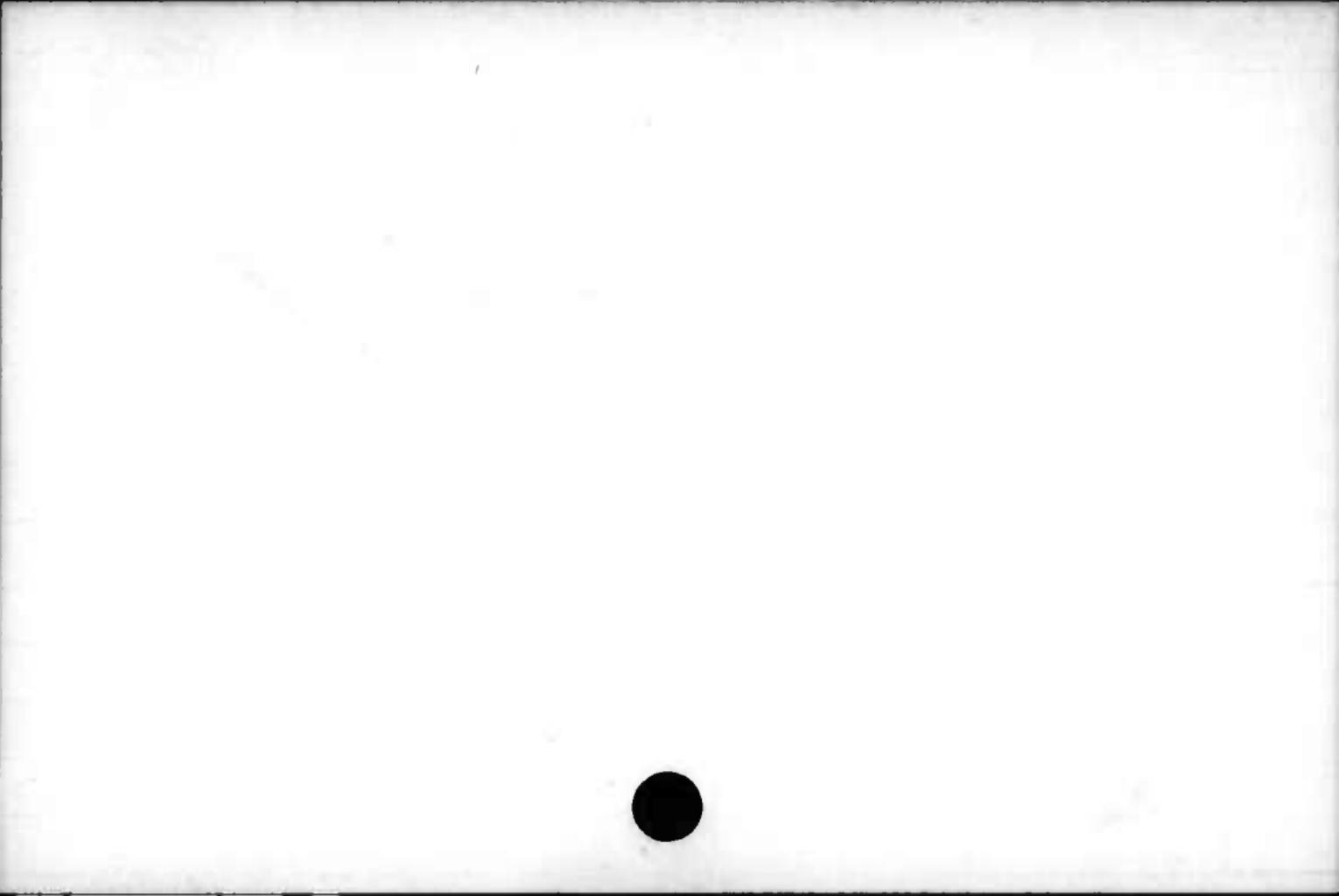
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Cumberland		County Allegany	MARYLAND	
Date of death	1903	Month July	Day 28	Years —	Months — Days —
Sex	Male	Color or Race	White	Birth- place	Cumberland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Lee Burton			Father's Birthplace	Maryland
Mother's Maiden Name	Ann S Steckman			Mother's Birthplace	Virginia
Name of person giving Information	Henry Lee Burton			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum		How long
Immediate	Exhaustion		10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		JM Gear	
		Address	Cumberland
Accident or Suicide?			



Name
in
Full

Infant W. B. Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camden land.</u> Town		County <u>allegany</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>12</u>	Age <u>Years</u>	Months <u>5</u>	Days <u></u>
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Pa.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>				
Name of Wife or Husband					
Father's Name <u>W. B. Clark</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enteric Cholera</u>	<u>105</u>	How long <u>1 day</u>
Immediate	<u>Exhaustion</u>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. G. Tracy Jr.
Camden land.
Wif.

Accident or Suicide?



Name
in
Full

Rebecca Dennison

CERTIFICATE OF DEATH

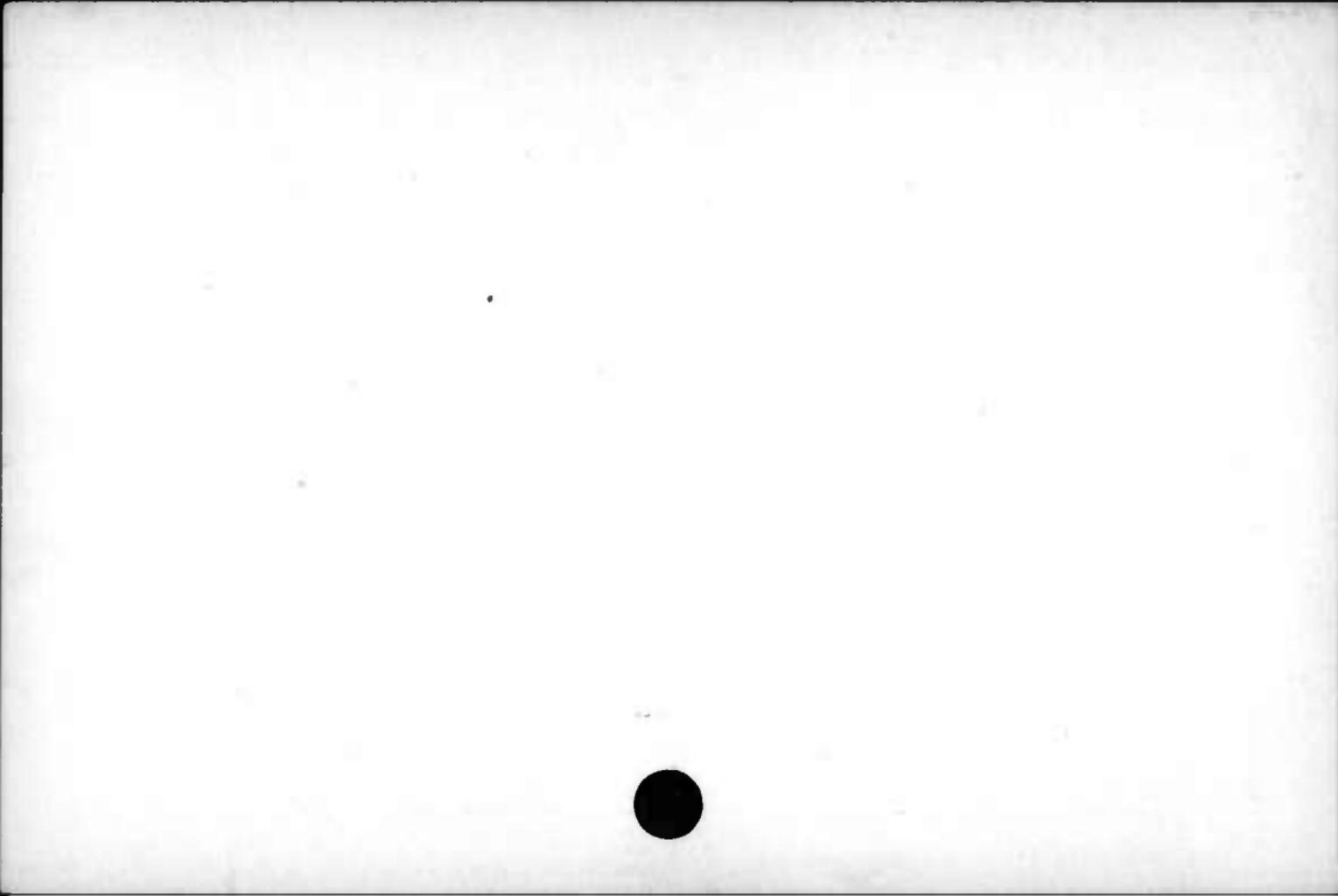
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month July	Day 9	Years	Age 69	Months 1	Days 9	
Sex female	Color or Race white		Birth-place Maryland				
Married, Single or Widowed Widowed	Occupation Housewife						
Name of Wife or Husband Daniel Dennison							
Father's Name James Trigg			Father's Birthplace Maryland				
Mother's Maiden Name Catherine McCracken			Mother's Birthplace Maryland				
Name of person giving information Eivaline Gutman			How related to deceased Sister				

CAUSES OF DEATH

106

PHYSICIAN OR CORONER	Primary	Cataract of Stomache		How long	3 yrs
	Immediate	Inflammation of bowels		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Theodore Doel M.D.	
			Address	Chicago, Ill.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	54	Months	Days	
Sex	Color or Race			Birth- place				
Occupation			Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		65				Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving Information						How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

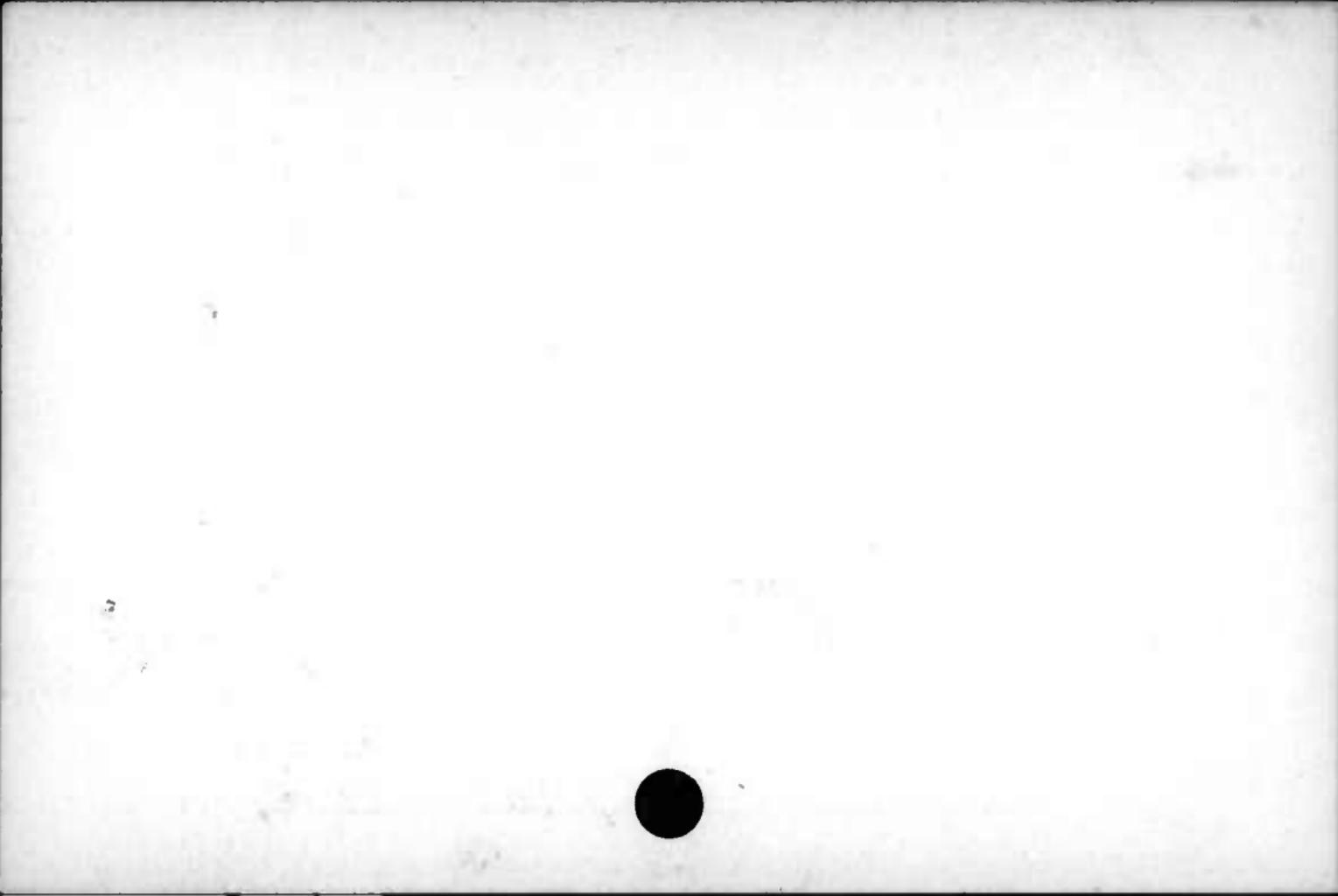


Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edward Dorney							
Died at Conowing		Town Conowing		County Allegany		MARYLAND	
Date of death 1903		Month July	Day 13	Age 68	Years 68	Months 0	Days 0
Sex Male	Color or Race White			Occupation Miner		Birth-place Ireland	
Married, Single or Widowed Married							
Name of Wife or Husband Edward Dorney							
Father's Name Edward Dorney			Father's Birthplace Ireland				
Mother's Maiden Name Patricia Doyle			Mother's Birthplace Ireland				
Name of person giving information George Dorney			How related to deceased Son				
CAUSES OF DEATH							
Primary Cancer of Prostate					How long Two years		
Immediate Decapitation					How long Two months		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. B. Skilling	Address Conowing		
Accident or Suicide? No							



Name
in
Full

Lizzie Eaglin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 7	Day 31	Years 120	Months -	Days -
Sex	Color or Race	Occupation	Birth- place		
Married, Single or Widowed	Black	ST. ST.	Md		
Name of Wife or Husband					
Father's Name	John Eaglin Lancaster				
Mother's Maiden Name					
Name of person giving Information	45				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of larynx
old age

How long

months

Immediate

How long

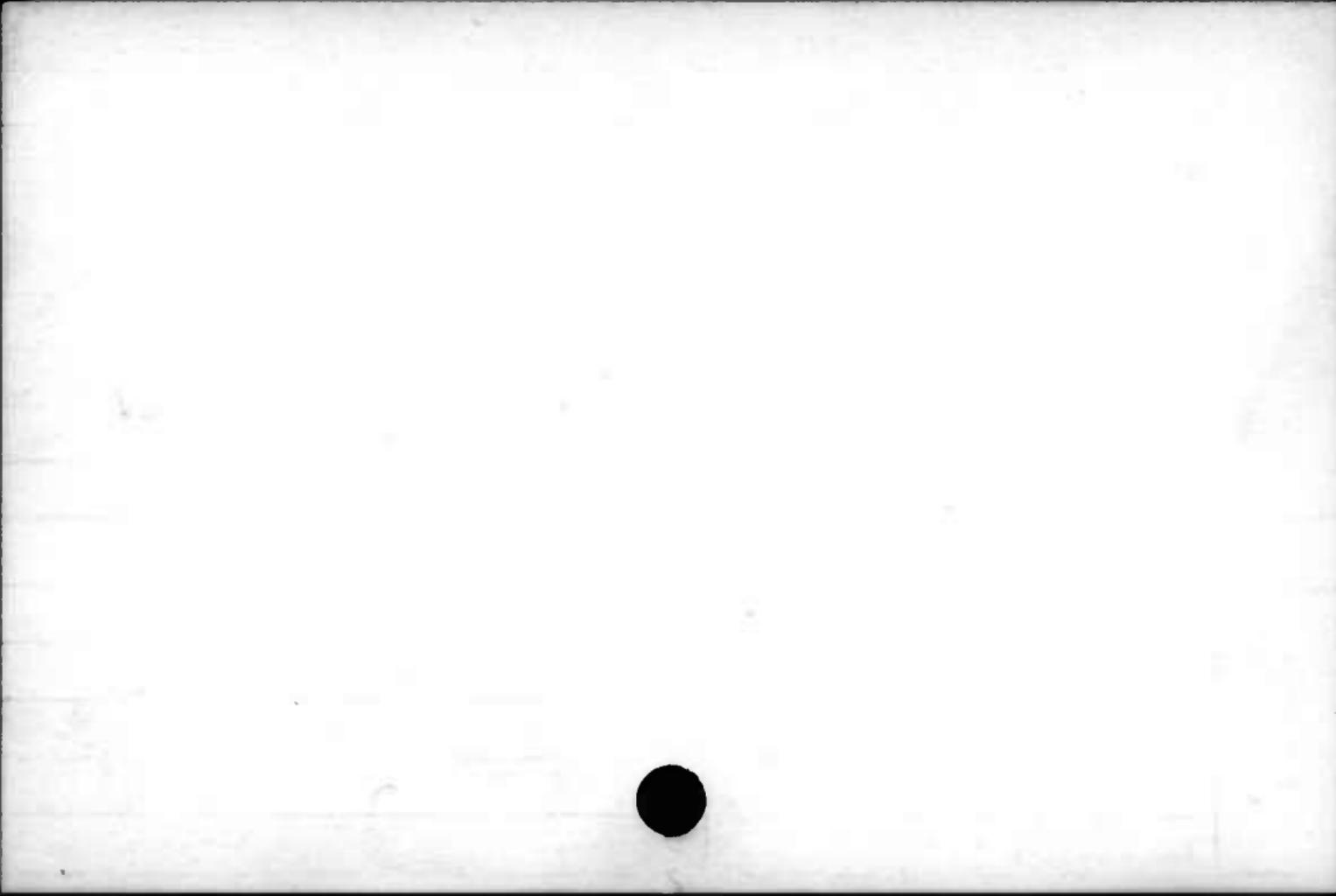
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr. W. W. Lane

Address

Accident or Suicide?



Name
in
Full

Child of Andrew Tum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation	Birth-place			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Andrew Tum			Father's Birthplace	V. Lennart.	
Mother's Maiden Name	Mary Higgins			Mother's Birthplace	V. Lennart	
Name of person giving information	Andrew Tum			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hydrocephalic Head & spinal
cord

How long

— V —

How long

Immediate

Are the name, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Webb L. S.
Forsyth Co.

Accident or Suicide?



Name
in
Full

Goliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town			<u>Alleghany</u> County			MARYLAND		
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>23</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Infant</u>			Birth-place <u>Cumberland Md</u>			
Married, Single or Widowed <u>Single</u>								

Name of Wife or Husband <u>—</u>	Father's Name <u>Joseph Goliver</u>	Father's Birthplace <u>Cumberland Md</u>
Mother's Maiden Name <u>Mary Grapenstein</u>	Mother's Birthplace <u>"</u>	How related to deceased <u>Father</u>
Name of person giving information <u>Joseph Goliver</u>		

CAUSES OF DEATH

Primary <u>Still Born</u>	7 months	How long <u>—</u>
Immediate <u>—</u>	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. J. Duse</u>
		Address <u>Cumberland Md</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John Greek</i>					CERTIFICATE OF DEATH		
Died at		Town <i>Cumberland</i>	County <i>allegany</i>	MARYLAND			
Date of death 190	Month <i>3</i>	Day <i>July 16</i>	Age <i>26</i>	Years <i>2</i>	Months <i>6</i>	Days <i>0</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Occupation <i>Miner</i>			Birth- place <i>Italy</i>		
Married, Single or Widowed <i>Widower</i>							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information		How related to deceased <i>Cousin</i>					
CAUSES OF DEATH							
Primary	<i>Appendicitis</i>				How long <i>17 days</i>		
Immediate	<i>Septicemia</i>				How long <i>3 days</i>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E B Blaylock</i>					
		Address <i>Cumberland Md</i>					
Accident or Suicide?							



Name
in
Full

Violet Ethel Gruber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month July	Day 27	Age	Years —	Months 2	Days —
Sex	Female	Color or Race	White	Birth-place	Lord		
Married, Single or Widowed	Single	Occupation	—				
Name of Wife or Husband	—						
Father's Name	Thomas Gruber			Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Ida Agnes Reed			Mother's Birthplace	Maryland		
Name of person giving Information	Thomas Gruber			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Alkylxylid

(5)

How long

Found dead in bed

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

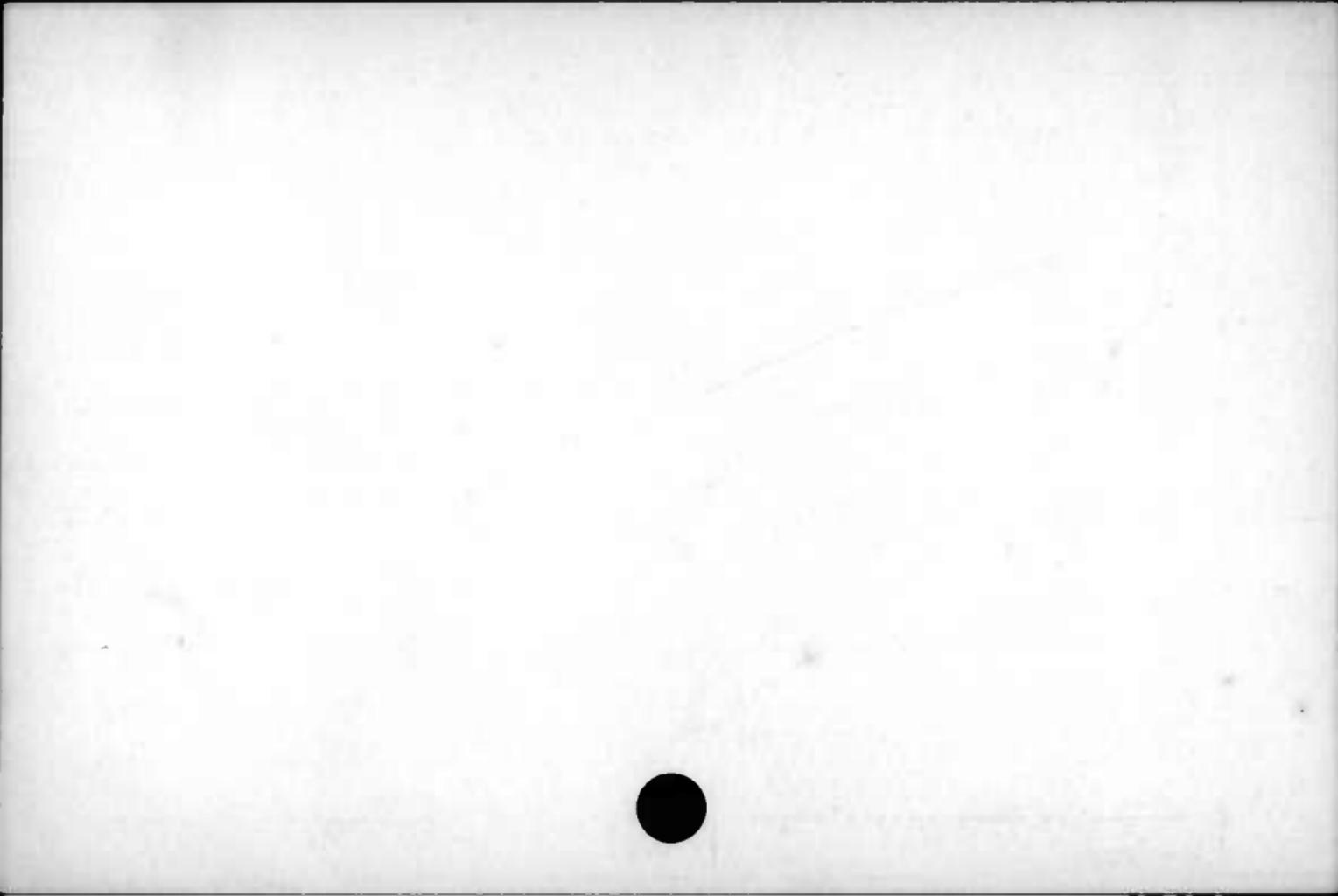
yes

Signature of Physician

Address

James O Bullock
Somersong
Maryland —

Accident Suicide



Name
in
Full

Wm. Haverstedt & Hart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u>		Town	County <u>Allegany</u>		MARYLAND		
Date of death 1903	Month 7	Day 10	Age	Years —	Months 4	Days 20	
Sex <u>m.</u>	Color or Race <u>W</u>	Birth-place <u>Frostburg</u>					
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	<u>Wm. Hart</u>		105	Father's Birthplace	<u>Frostburg</u>		
Mother's Maiden Name	—			Mother's Birthplace	—		
Name of person giving information	<u>W.P. Hart</u>			How related to deceased	<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cleidra Infantum</u>	How long	<u>3 days</u>
Immediate	<u>Cleidra Infantum</u>	How long	<u>3 day s.</u>
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	<u>J. W. Price</u>
		Address	<u>Frostburg, Md.</u>
Accident or Suicide?			

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elijahette Hassmann

CERTIFICATE OF DEATH

Died at Cumberland

Town

County

MARYLAND

Date of death 1903

Month

Day

Years

Months

Days

3 July

4

5

5

—

Age

Sex Female

Color or Race

white

Birth-place

Cumberland

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name

Jacob Hassmann

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Jacob Hassmann

How related to deceased

Father

CAUSES OF DEATH

Primary

Malaria

105

How long

5 months

Immediate

J. Fichtman

How long

Are the name, age, sex, color, date and place correctly given above?

yes

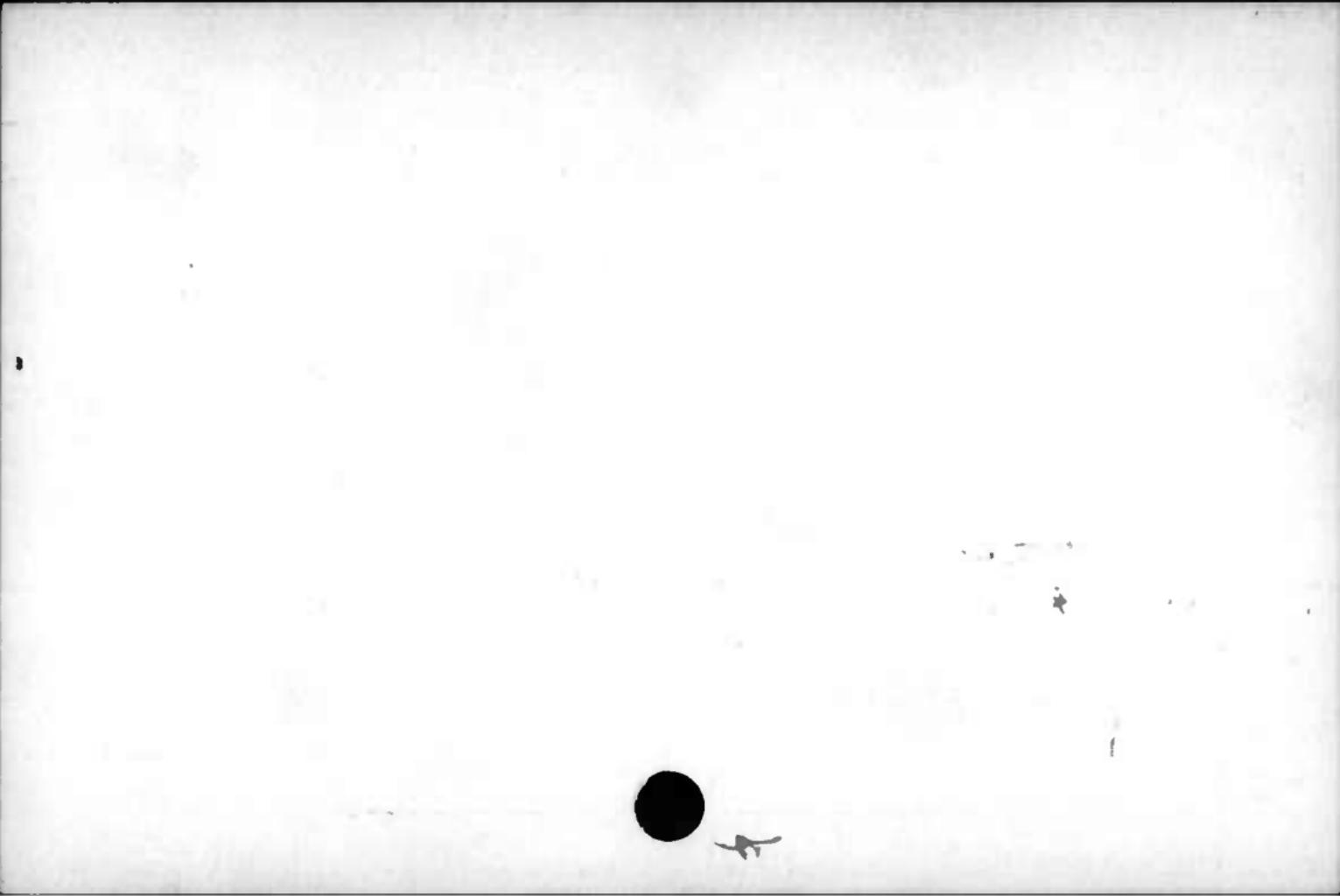
Signature of Physician

J. W. Fichtman

Address

Cumberland

Accident or Suicide?



Name
in
Full

Mary Edna West

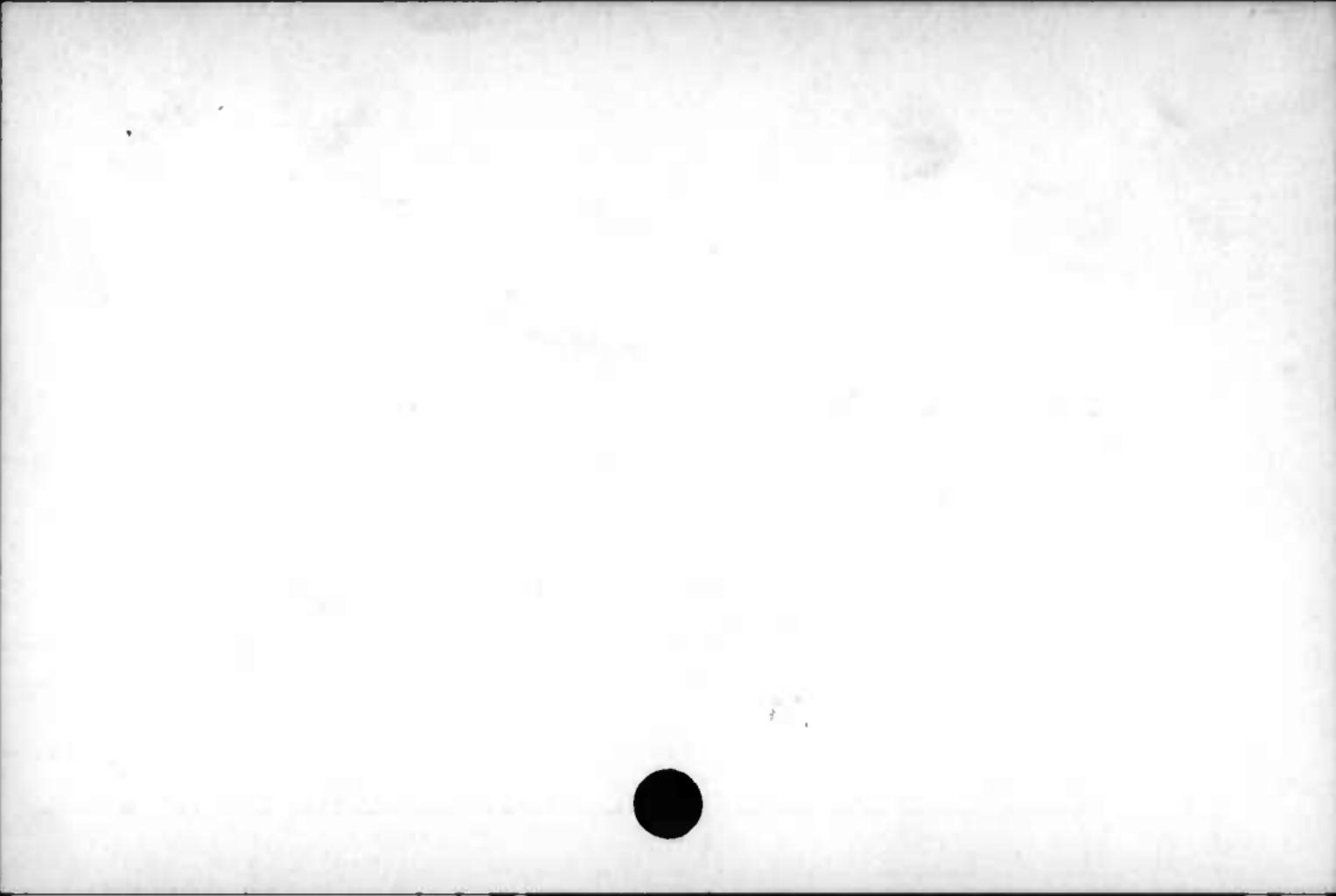
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> . Date of death <u>1903</u>		Town Month Day	County <u>allegan</u>	MARYLAND	
			Years <u>1</u>	Months <u>4</u>	Days
Sex <u>Female</u>		Color of Race	<u>White</u>	Birth- place <u>Md.</u>	
Married, Single or Widowed <u>Single.</u>		Occupation <u>Waitress</u>			
Name of Wife or Husband					
Father's Name <u>Edward West</u>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Bronchitis</u>	How long <u>1 month</u>
	Immediate <u>Exhaustion</u>	How long <u>0</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos. A. Tracy, M.D.</u>
		Address <u>Crucible Place.</u>
Accident or Suicide?		<u>no</u>



Name
in
Full

Hillary Hobbs

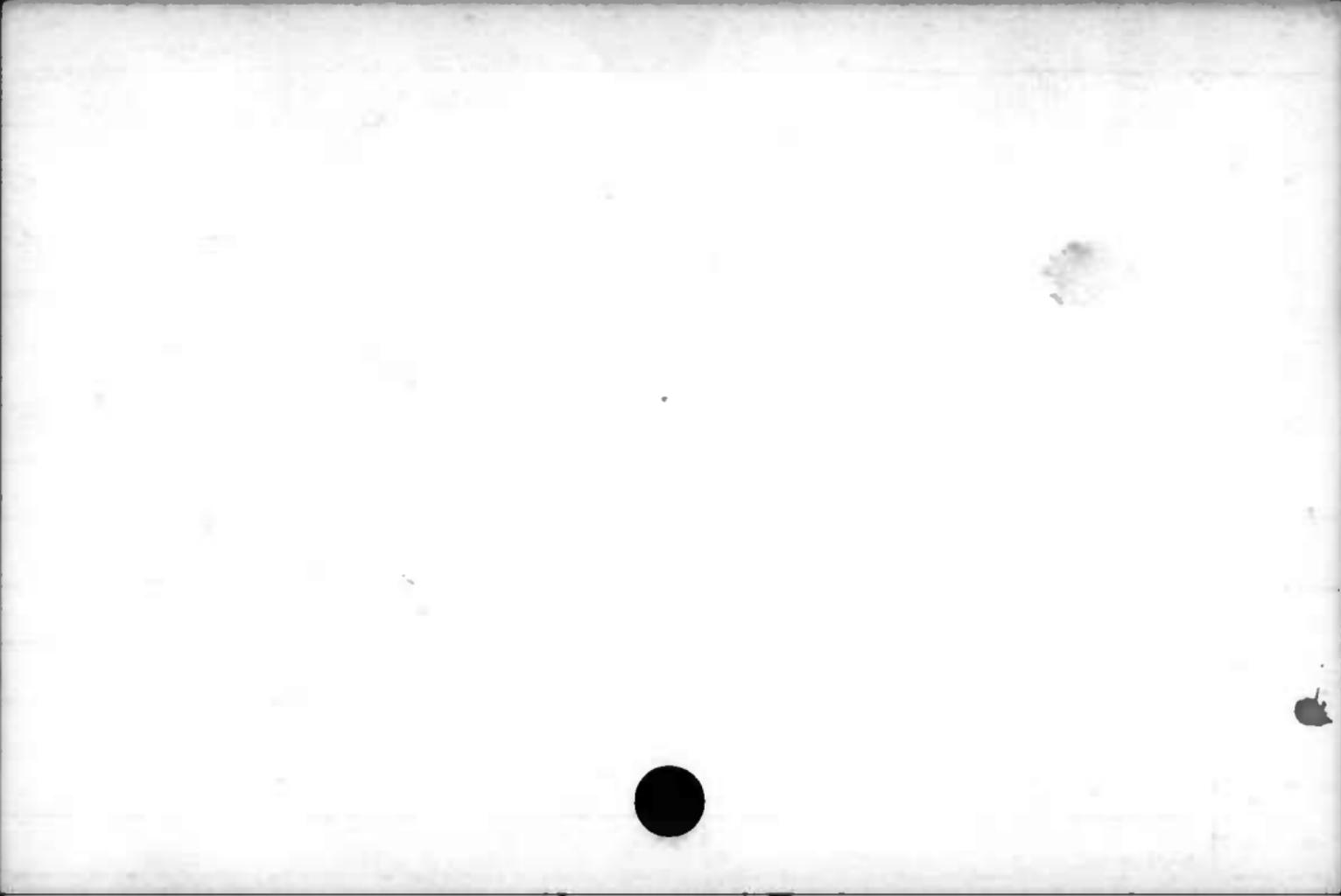
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Cumberland	County		MARYLAND		
Date of death	1903	Month	Day	Years	Months	Days	
		July	29	0	0	13	
Sex	Male	Color or Race	White	Birth-place			
Married, Single or Widowed		Widow		Occupation			
		(None)		Domestic			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name		Sallie Mathew		Mother's Birthplace			
Name of person giving information		Sallie Mathew		How related to deceased			
Md Mother							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Indigestion and Diarrhoea	How long	1/2
	Immediate	Frantic	How long	1/2 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Govt. Broadbent M.D.	
		Address	Cumberland Md	
Accident or Suicide?			100 Vaan.	



Name
in
Full

Martha Allen Hobell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at Sonacoming	allegany				
Date of death 1903	Month July	Day 11	Age 80+	Years	Months
Sex Female	Color or Race white	Occupation Wife			Birth-place Wales
Married, Single or Widowed Married	John Hobell		Father's Birthplace Wales		
Name of Wife or Husband John Skidmore	Not known		Mother's Birthplace "		
Father's Name	John Hobell		How related to deceased Husband		
Mother's Maiden Name					
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis

How long

6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

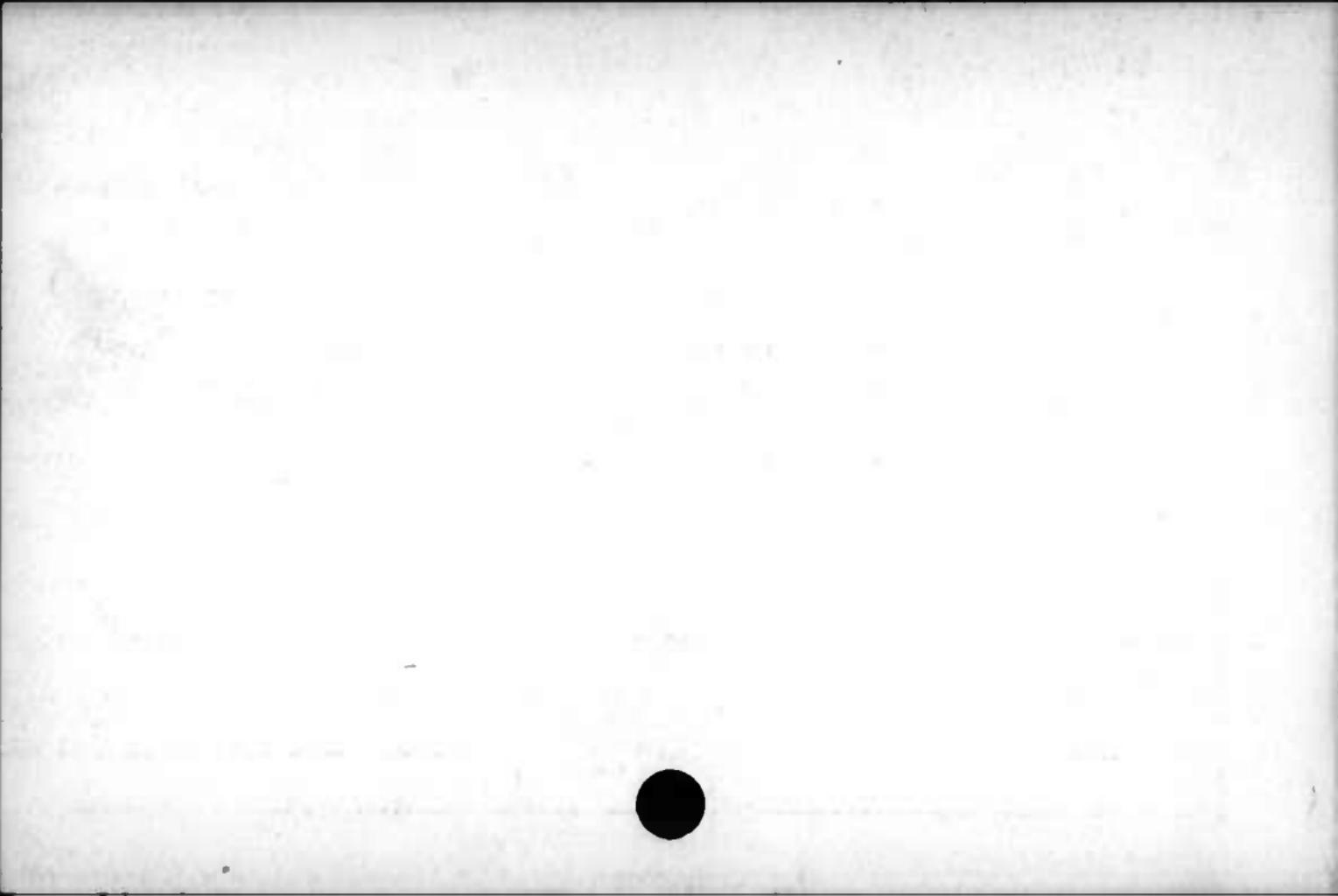
Signature of Physician

M. Gibson Porter
Sonacoming Md.

Address

Accident or Suicide?

No



Name
in
Full

Betsy Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Occupation		Birthplace	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardinal hemorrhage 2 days

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

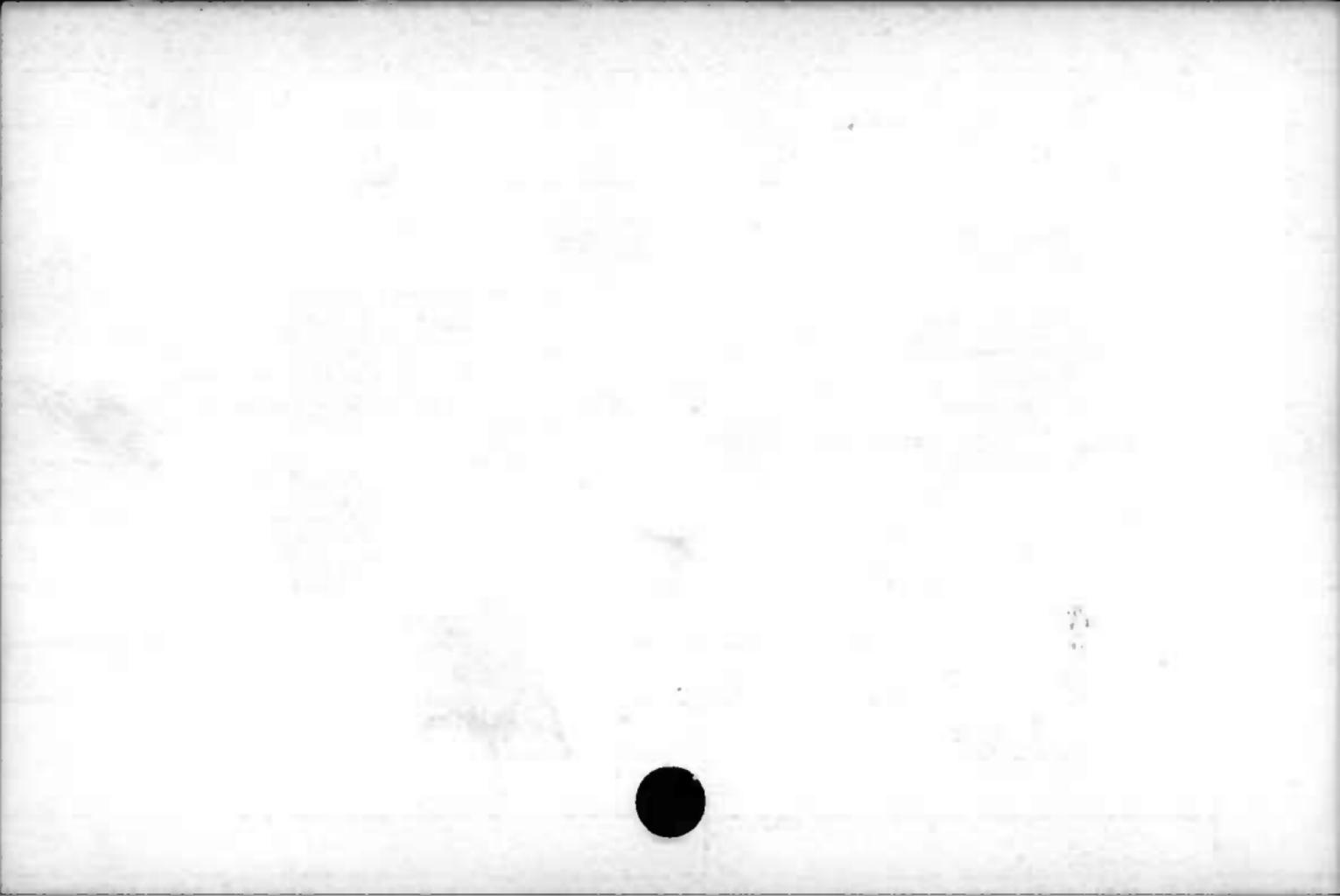
Address

Yes

J. Ceder
Frontenac Md

Accident or Suicide?

No



Name in Full

Certificate of Death

Abbie Johnson

Town

County

MARYLAND

Died at

Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

7 14

Age 65

14

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Name of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Malaria

Address

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jessie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wrightland</u> Town		County <u>allegany</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>24</u>	Age <u>47</u> Years	Months <u>4</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u> </u>			
Married, Single or Widowed <u>Married</u>	Occupation <u> </u>				
Name of Wife or Husband <u>Hony Jones</u>					
Father's Name <u> </u>					Father's Birthplace <u> </u>
Mother's Maiden Name <u> </u>					Mother's Birthplace <u> </u>
Name of person giving information <u> </u>					How related to deceased <u> </u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fatty Degeneration of heart
& lungs

How long

3 day's

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

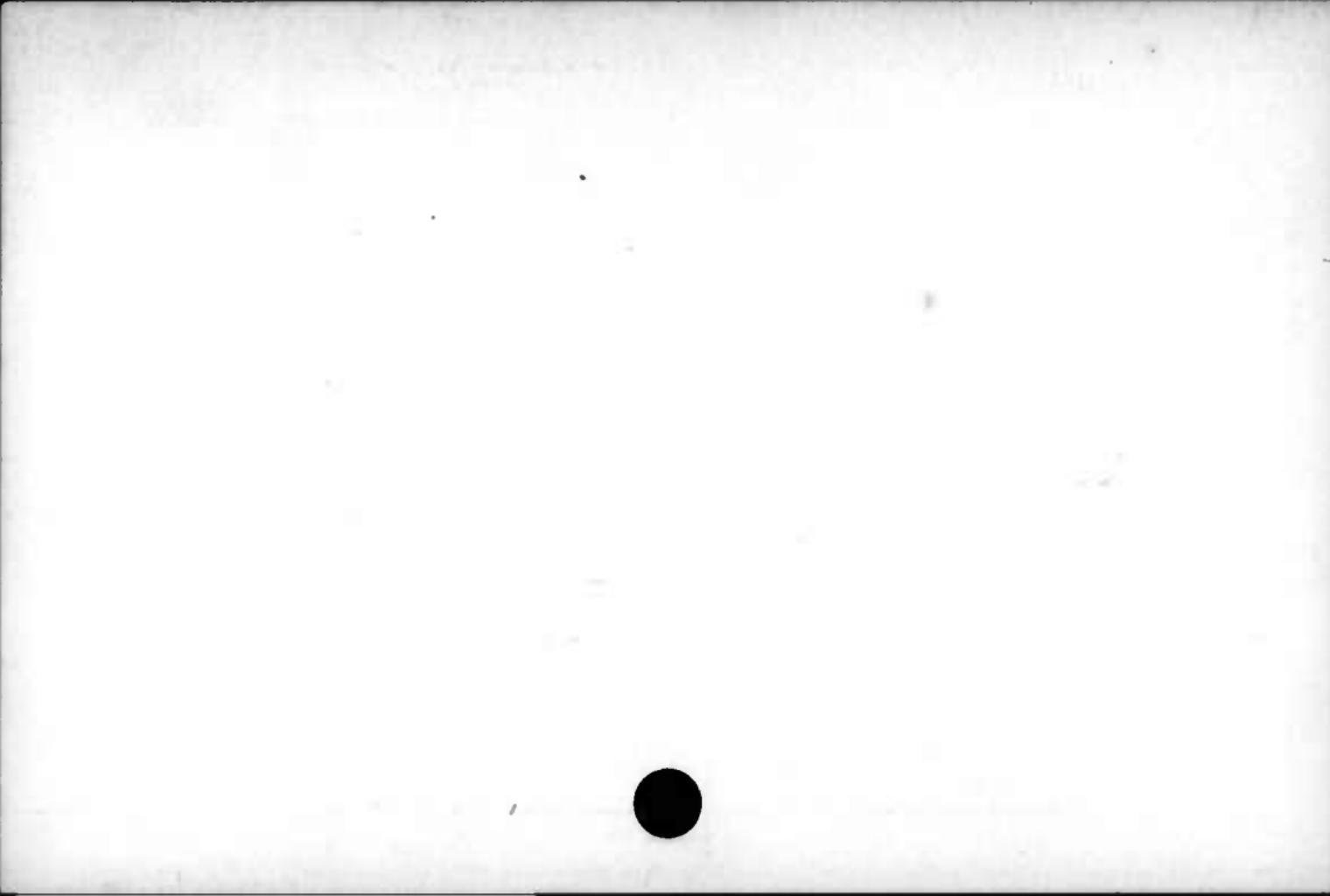
Signature of Physician

Address

Thos. A. Boardman

Accabonack
Md

Accident or Suicide?



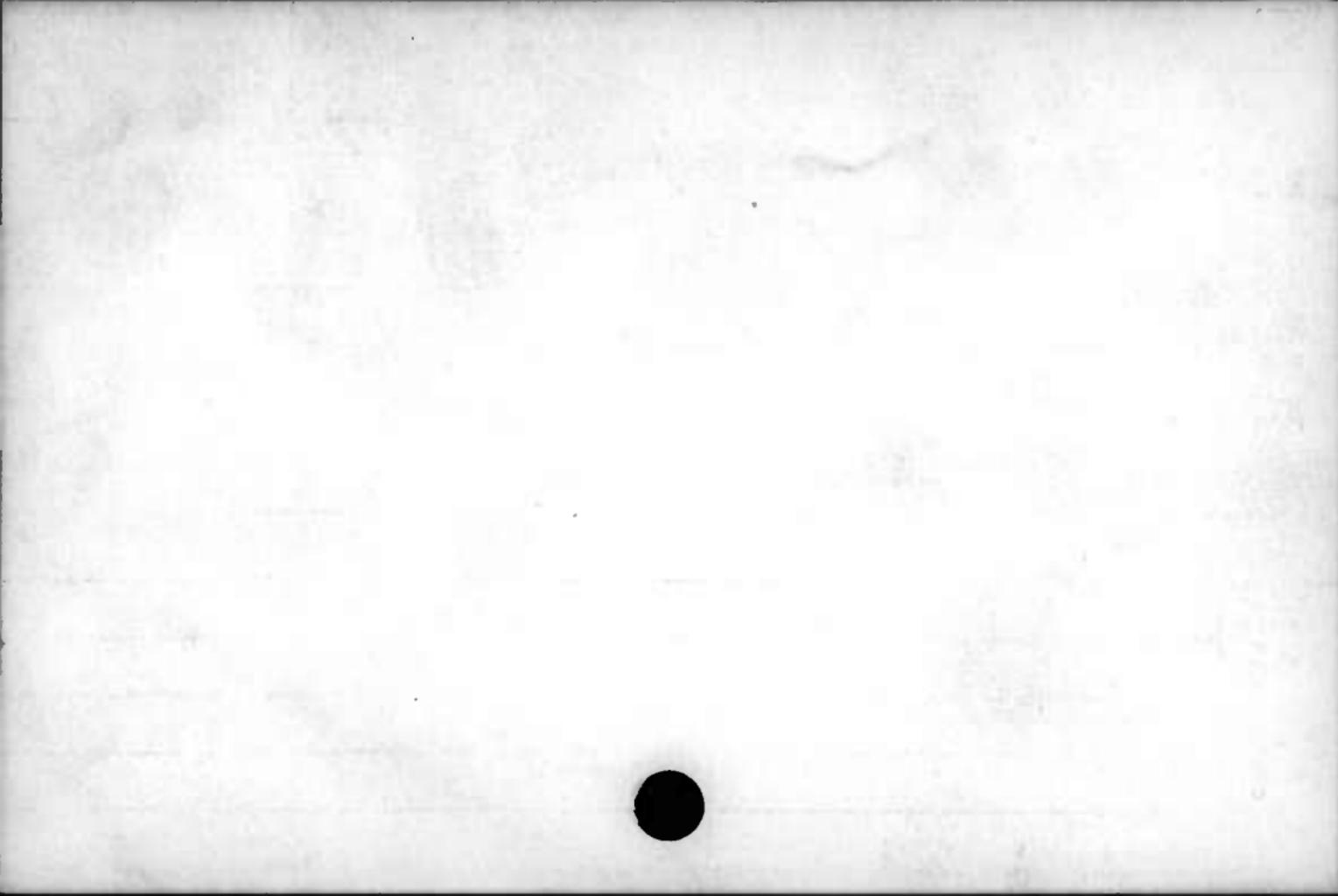
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Dolly For R Patrick				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Age	Color or Race	Occupation	Birth- place			
Married, Single or Widowed	Single		Laundry-girl				
Name of Wife or Husband	William For R Patrick		Father's Birthplace	Scotland			
Father's Name	Jennyit Cleland		Mother's Birthplace	Scotland			
Mother's Maiden Name	Wm. For R Patrick		How related to deceased	Mother			
Name of person giving Information							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis	How long	One year
	Immediate	In confinement	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Skilling	
		Address	Lonaconing	
Accident or Suicide?				



Name in Full

Certificate of Death

Name in Full *Thos Lee*
Town *Cumberland* County *Alleghany*
Lived at *111 Main Street* Month *July* Day *15* Y. *1885* M. *July* D. *15* Native of *Alleghany*

Died at	Cumberland Allegany			MARYLAND
03	Month	Day	Y. M. D.	Native of
Date 19	July 10		Age adult	Occupation
Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband

Wife

Father's

Name _____

Cause of

Death

Primary

selicity

199

How long sick

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

B.C. Miller

Address

Cumberland

1

Wed

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

150 b

Name
in
Full

Mary Lewis

CERTIFICATE OF DEATH

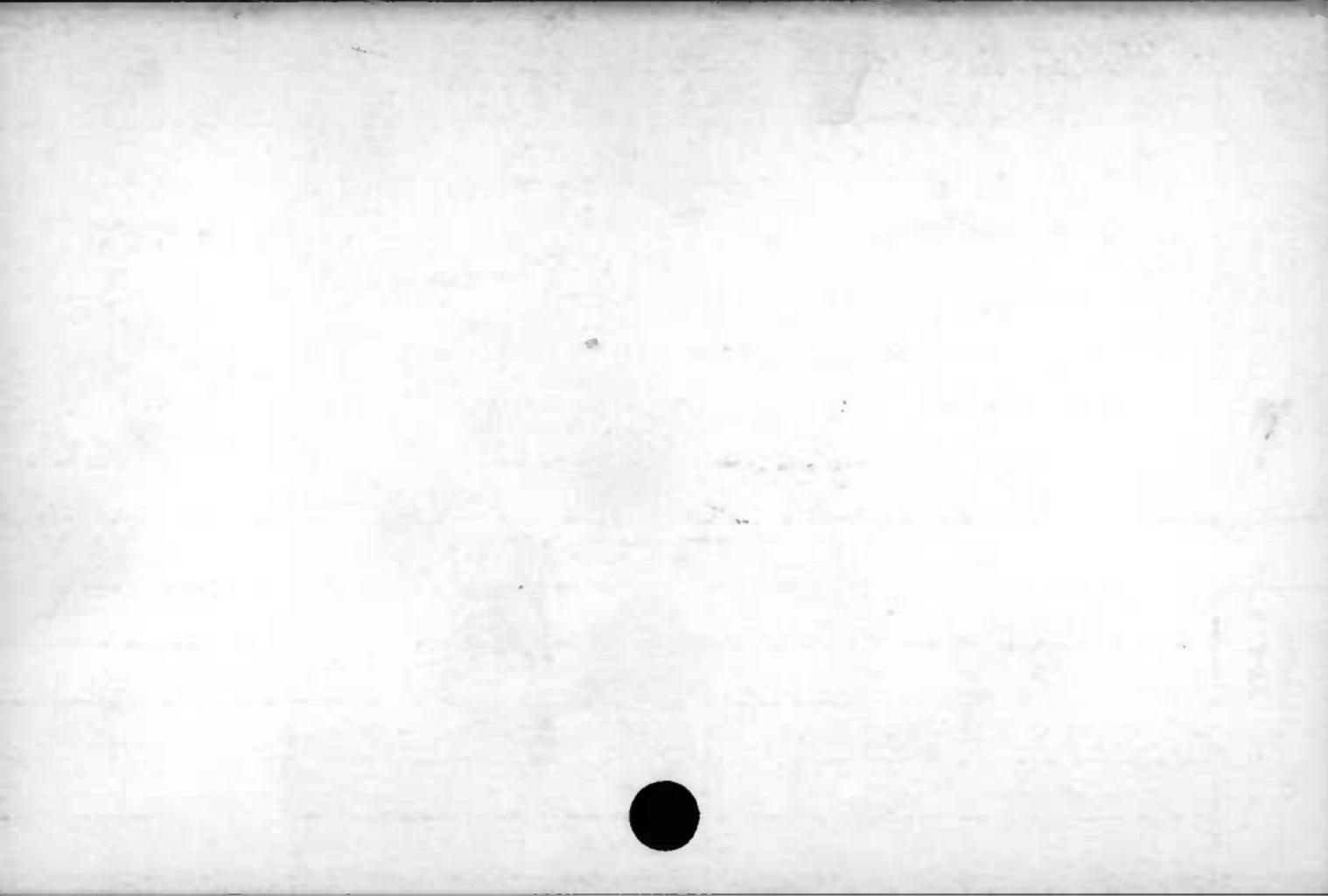
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	July	Day	4	Years	28
Age	28	Color or Race	white	Occupation	Domestic		
Sex	Female	Birth-place	Frostburg Md				
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Henry Lewis				Father's Birthplace		Wales
Mother's Maiden Name	—		137		Mother's Birthplace		Wales
Name of person giving information	Self				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Confinement	How long
Immediate	Sophie Perbonelis	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Carrie Sophia Logue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Ind. F. Logue			Father's Birthplace	Pa
Mother's Maiden Name	Mary Moore			Mother's Birthplace	Mi
Name of person giving information	no 7 house			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	105	How long
Immediate	Exhaustion		How long

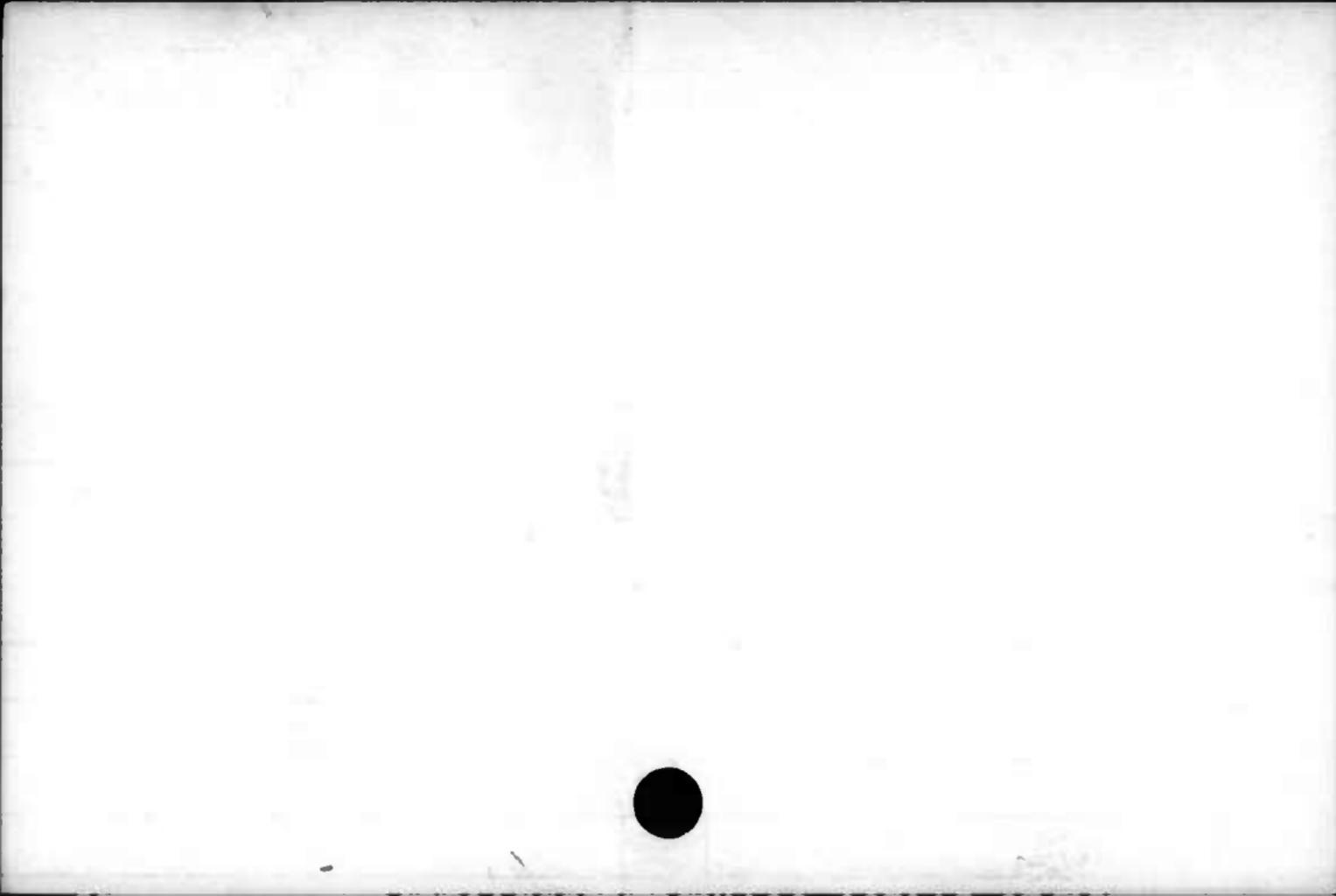
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Sh. Bradford
101 1/2 acre
Cumberland Md

Accident or Suicide?



Name
in
Full

Infant of James J McGrail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Cumberland			County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Cumberland		
Married, Single or Widowed	—			Occupation	—		
Name of Wife or Husband	—						
Father's Name	James J McGrail			Father's Birthplace	77 yr		
Mother's Maiden Name	Teressa McGrail			Mother's Birthplace	nd		
Name of person giving information	James McGrail			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aggravated	150	How long	—
Immediate	Premature Birth		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Dr. F. J. Dury
Accident or Suicide?				Cumberland



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>William McNeil</i>				CERTIFICATE OF DEATH			
Died at <i>Log</i>		Town	County <i>Allegheny</i>	MARYLAND			
Date of death 1903	Month <i>July</i>	Day <i>9</i>	Age <i>81</i>	Years <i>81</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Occupation <i>Farmer</i>		Birth-place <i>Scotland</i>			
Married, Single or Widowed <i>Married</i>	Citizen <i>Citizen</i>			Father's Birthplace <i>Scotland</i>			
Name of Wife or Husband <i>Tom McNeil Sr</i>			Mother's Birthplace <i>Scotland</i>				
Father's Name <i>Tom McNeil Sr</i>			How related to deceased <i>Son</i>				
Mother's Maiden Name <i>Agnes Davis</i>							
Name of person giving information <i>Tom McNeil</i>							

CAUSES OF DEATH

Primary

Cholera-nervous

13

How long

48 hours

Immediate

Collapse

How long

Only a few hours

Are the name, age, sex, color, date and place correctly given above?

yes

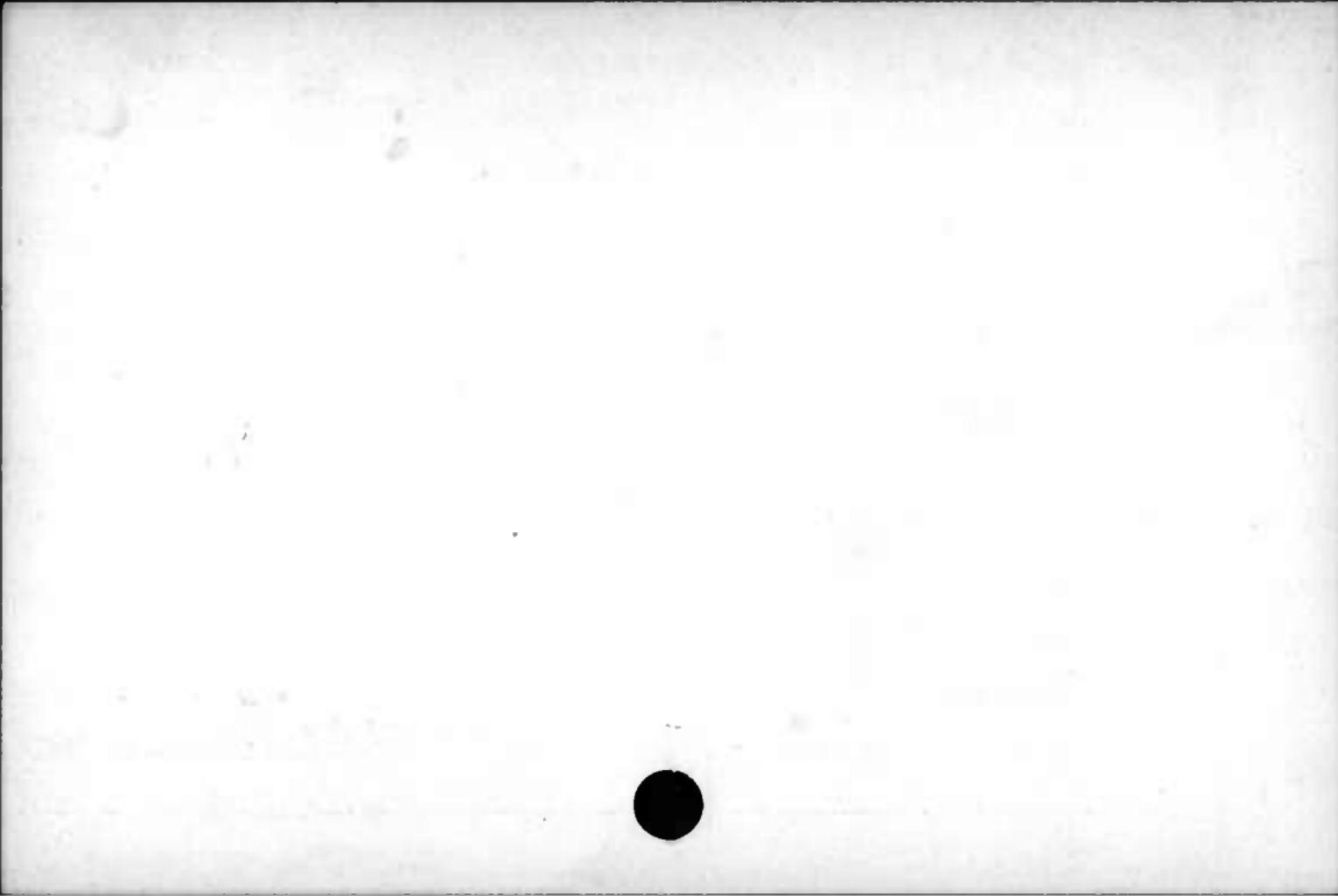
Signature of Physician

W. B. Skilling

Address

2200 Lawrence

Accident or Suicide?



Name
in
Full

Mrs. Lula R. Macbeth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Allegany County				MARYLAND		
Date of death 1903	Month July	Day 24	Age adult	Years	Months	Days
Sex Female	Color or Race White	Birth-place				
Married, Single or Widowed Married	Occupation					
Name of Wife or Husband James W. Macbeth						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Peritonitis
Exhaustion

How long

Immediate

Dr. W. J. Jones Jr.

How long

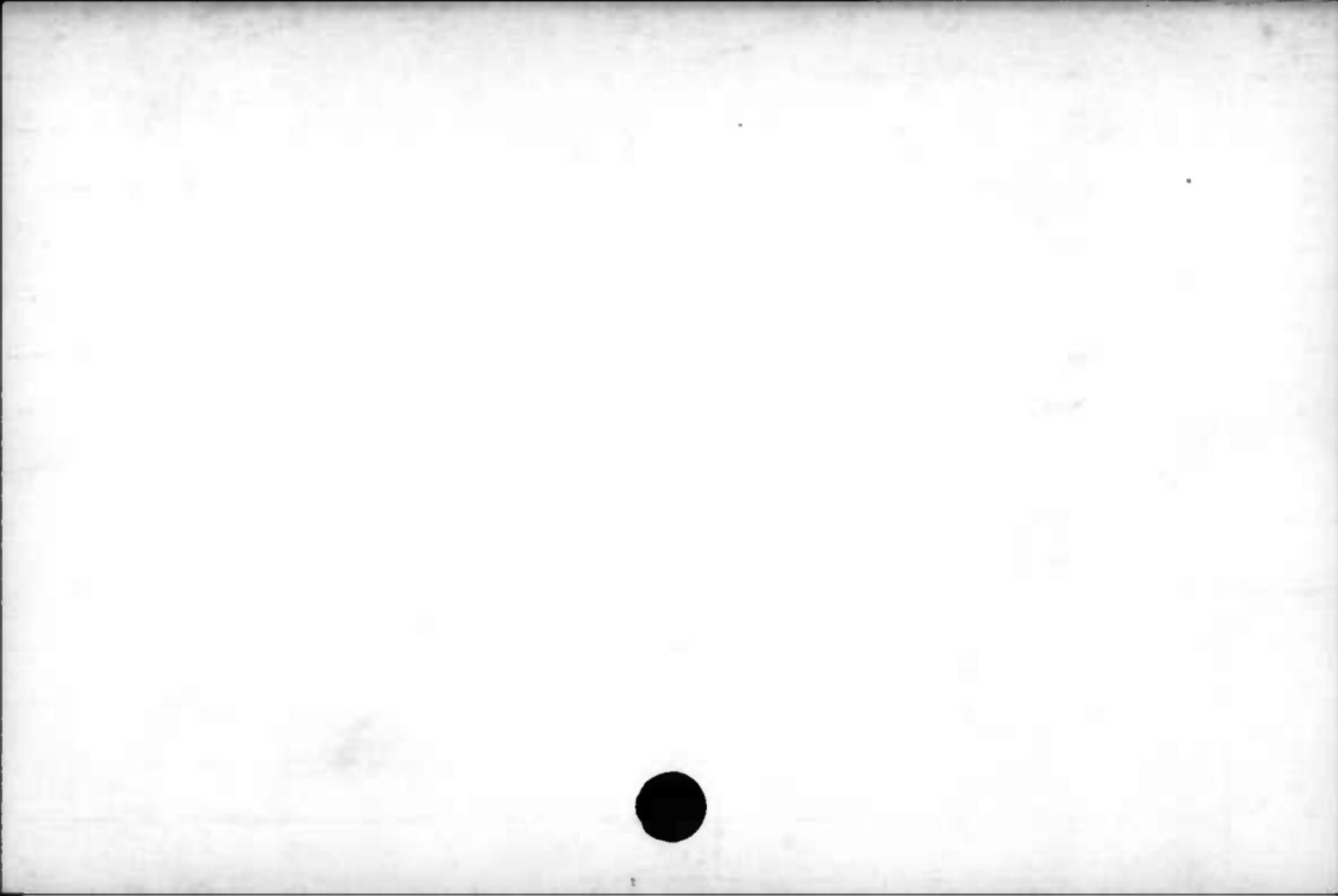
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Cumberland
Maryland



Name
in
Full

Evan W. Sider

CERTIFICATE OF DEATH

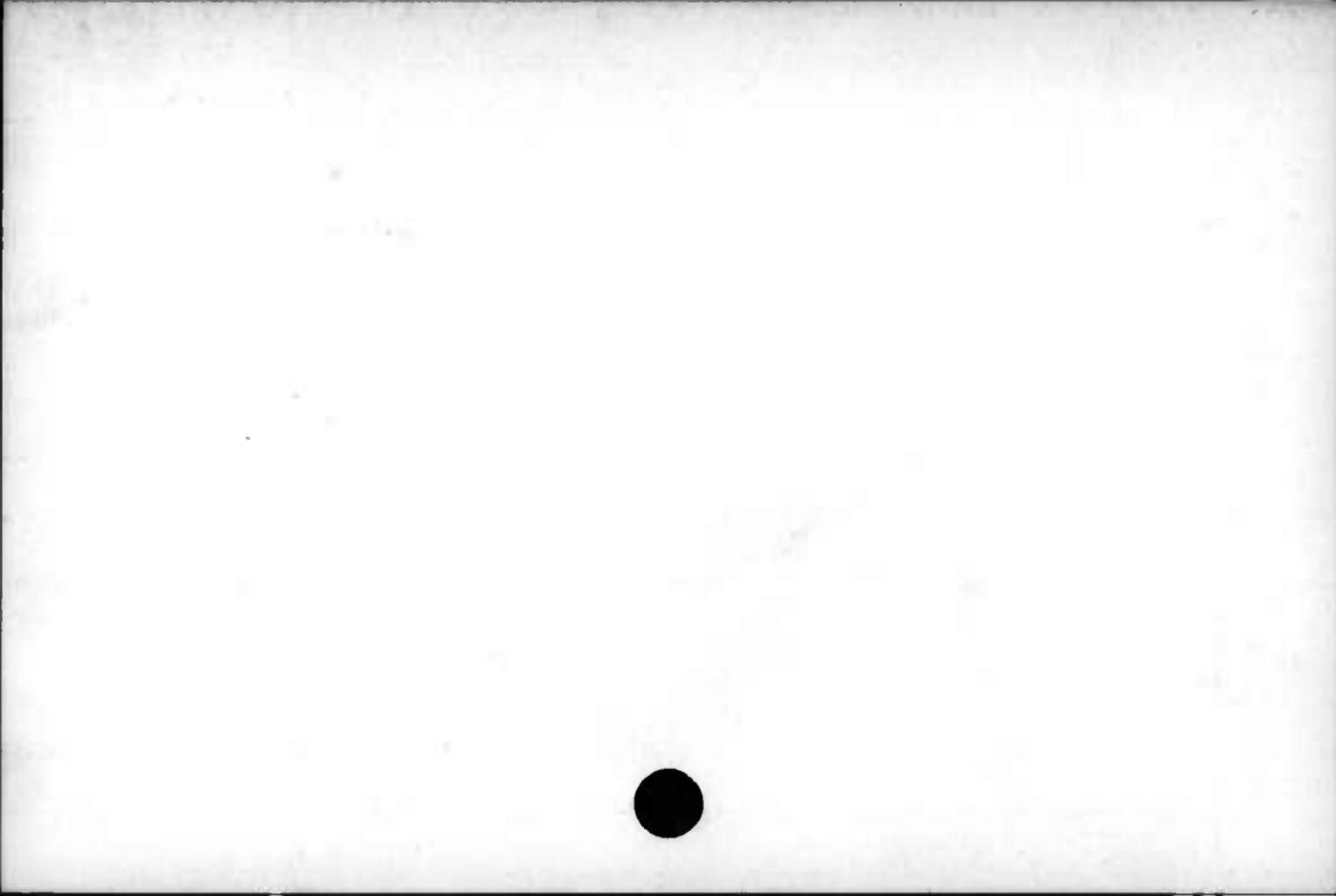
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sunderland</u> . Date of death 190 <u>1</u>		Town	County <u>all, anne</u>		MARYLAND	
Month	Day	Age	Years	Months	Days	
Sex <u>Females</u>	Color or Race <u>White</u>	Occupation	Birth-place <u>ned</u>			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>A. M. Sider</u>		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>End. Sider</u>	How long	<u>2 days.</u>	
Immediate	<u>Exhausting</u>	How long	<u>100</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Geo. W. Sider M.D.</u>	
		Address	<u>Sunderland</u> <u>ned</u>	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1903		Month July	Day 27	Years 1	Months 4	Days 25	
Sex	FEMALE		Color or Race	White			
Married, Single or Widowed			Occupation	Wife			
Name of Wife or Husband							
Father's Name	William Miller			Father's Birthplace			
Mother's Maiden Name	Sarah Elizabeth			Mother's Birthplace			
Name of person giving information	John Miller			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enterocolitis

10th

How long

24 hours

Immediate

Meningitis (Cerebral)

How long

One a few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. Skelton

Woracoming

Accident or Suicide?



Name
in
Full

Daniel Murray

or

CERTIFICATE OF DEATH

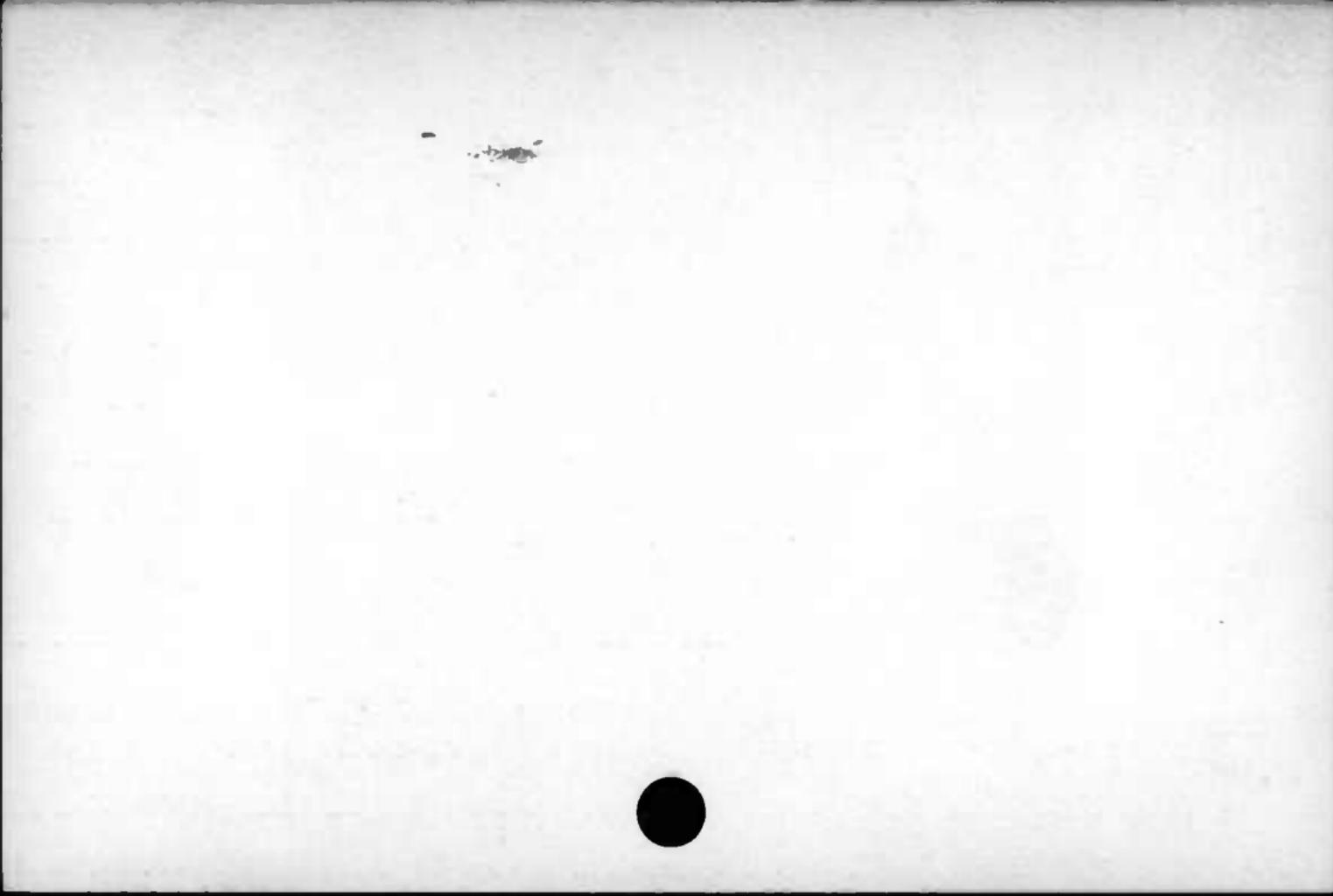
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Cumberland		Alleghany				
Date of death 1903	Month July	Day 23	Years —	Age —	Months 4	Days —	
Sex male	Color or Race	white	Occupation		Birth-place		
Married, Single or Widowed	Single		Infant		Cumberland		
Name of Wife or Husband	—		—		—		
Father's Name	Daniel Murray		—		Father's Birthplace	WVa	
Mother's Maiden Name	Hamilton		—		Mother's Birthplace	Md	
Name of person giving Information	Daniel Murray		—		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	Lifetime
Immediate	Inhalation		How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Duke	
		Address	Cumberland, Md	
Accident or Suicide?	—			



Name
in
Full

Child of John Niland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		County <u>allegany</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>July</u>	Day <u>8</u>	Years <u>—</u>	Months <u>—</u>	Days <u>-1-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed	Name of Wife or Husband	Father's Name <u>John Niland</u>		Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>	<u>Yarnell</u>	Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>	
Name of person giving information	<u>A. L. Butler</u>	How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

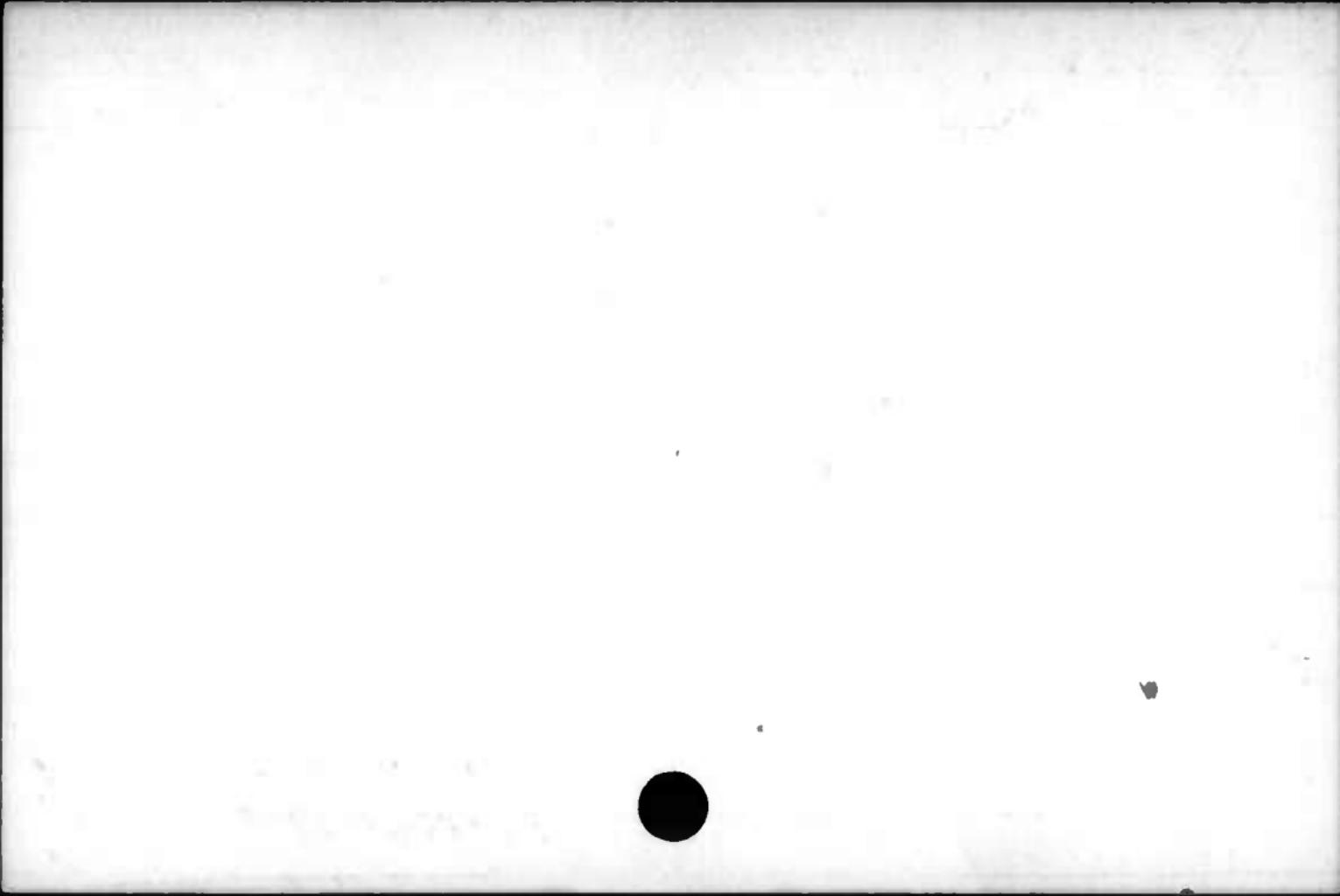
yes

Signature of Physician

Address

G. L. Butler,
undertaker,

Accident or Suicide?



Name
in
Full

Nuse

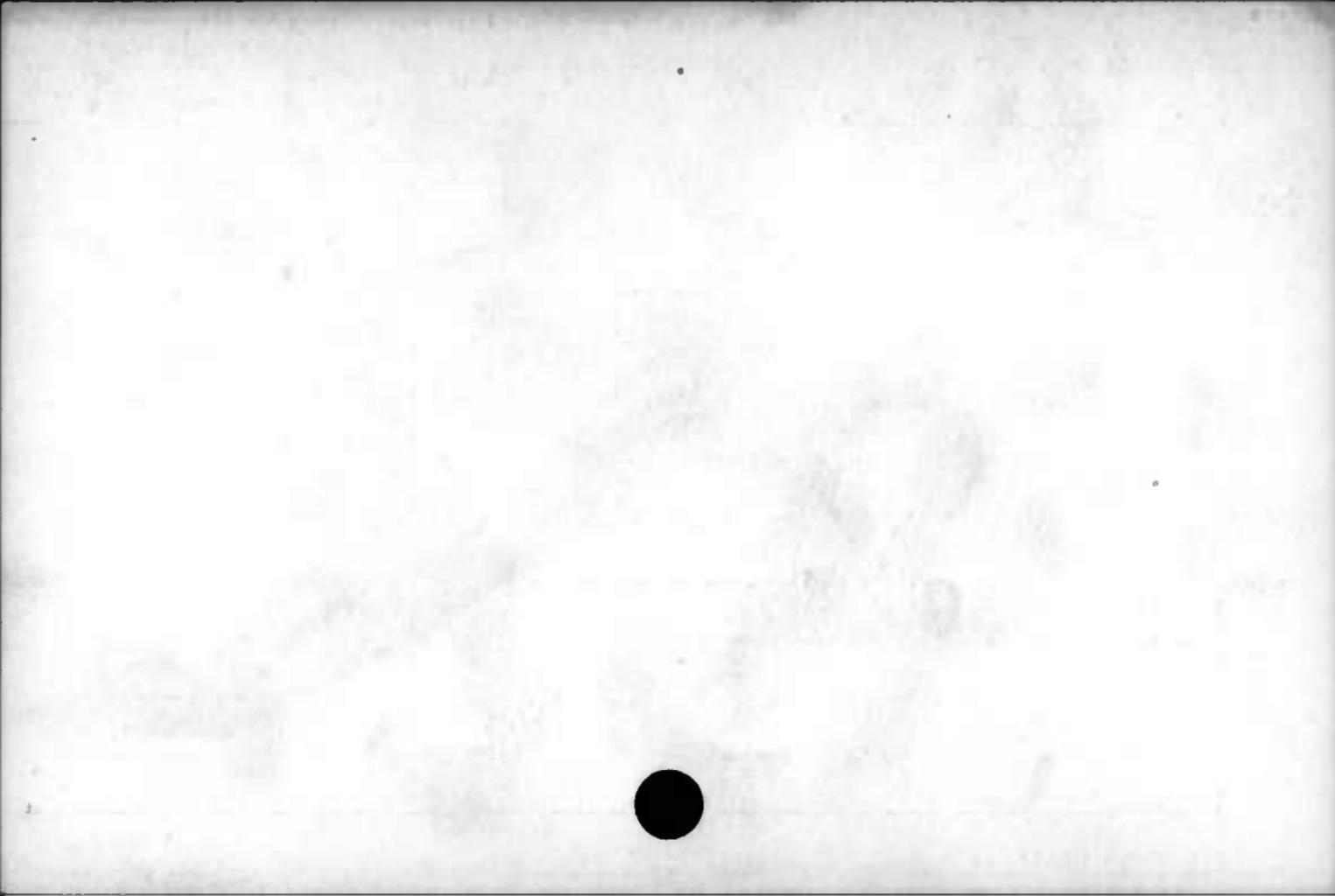
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gloucester</u>		Town <u>Gloucester</u>		County <u>Gloucester</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>3</u>	Age <u>Years</u>	Years		Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Ind.</u>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name <u>Thos. Nuse</u>				Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Alice Nuse</u>				Mother's Birthplace <u>Ind.</u>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Fracture Brain</u>	How long <u>15</u>
	Immediate	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos. N. Nuse</u>
		Address <u>Gloucester</u>
Accident or Suicide?		



Name
in
Full

John O'Conner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903		Month July	Day 9.	Years 78.	Months —	Days —
Sex	Male	Color or Race	White	Birth- place	Ireland	
Married, Single Widowed		Widower	Occupation	Laborer		
Name of Wife Husband						
Father's Name		W. Brown			Father's Birthplace	
Mother's Maiden Name		W. Brown			Mother's Birthplace	
Name of person giving Information		John O'Conner Jr.			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

192

How long

Immediate

Accidently Drowned

How long

Are the name, age, sex, color, date
and place correctly given above?

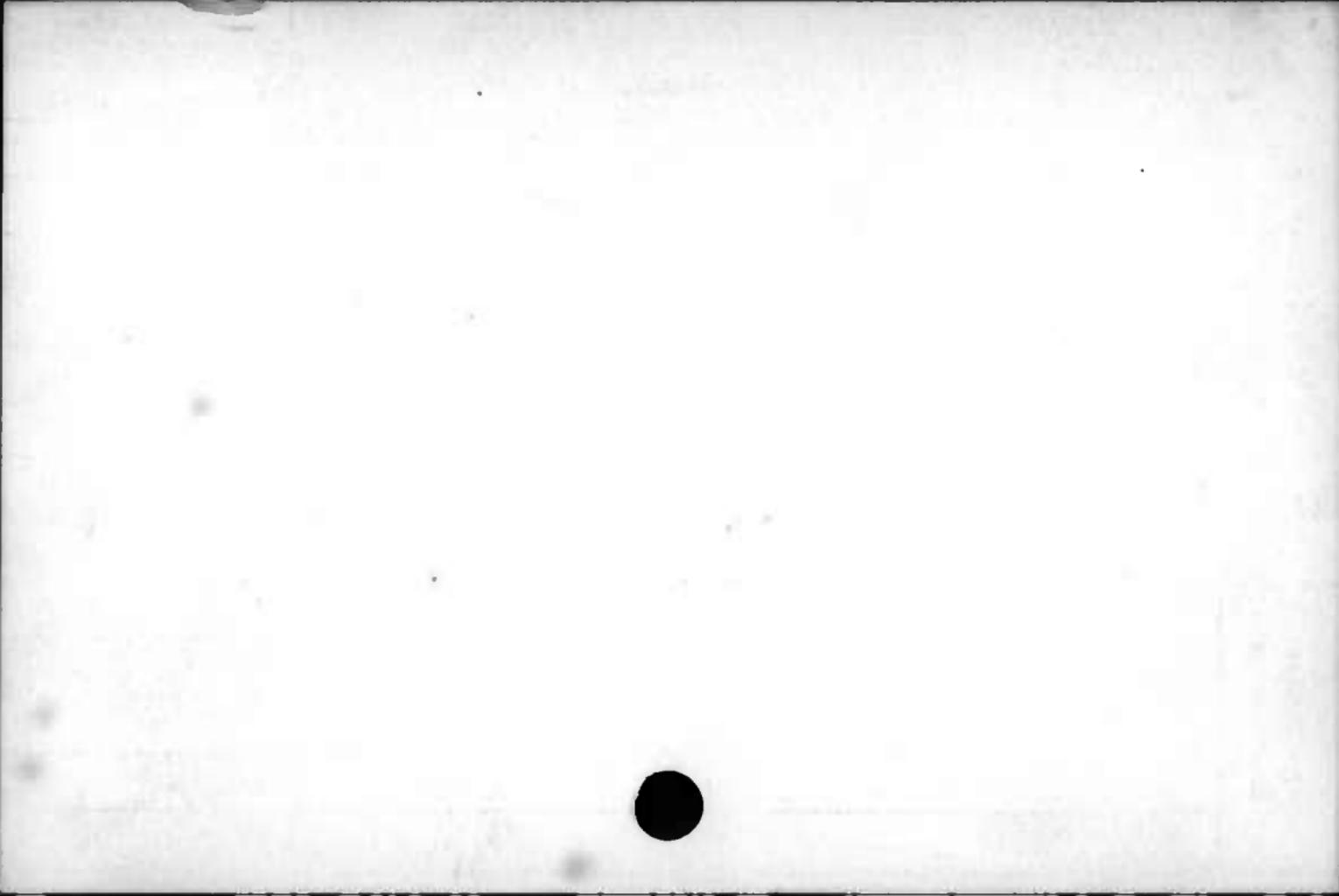
it is

Signature of
Physician

Address

Aug Eichhorn. Undertaker
Lenacounty

Accident or Suicide?



Name
in
Full

Marion Francis Pagenhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month July	Day 15	Years	Months	Days	
Sex Female	Color or Race	White American		Birth-place	Westmport	
Married, Single or Widowed		Occupation 79				
Name of Wife or Husband						
Father's Name	Stephen Pagenhart			Father's Birthplace		
Mother's Maiden Name	Mary "			Mother's Birthplace		
Name of person giving Information	Stephen Pagenhart			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart trouble

How long 10 or 12 hours

Immediate X

How long 1 day

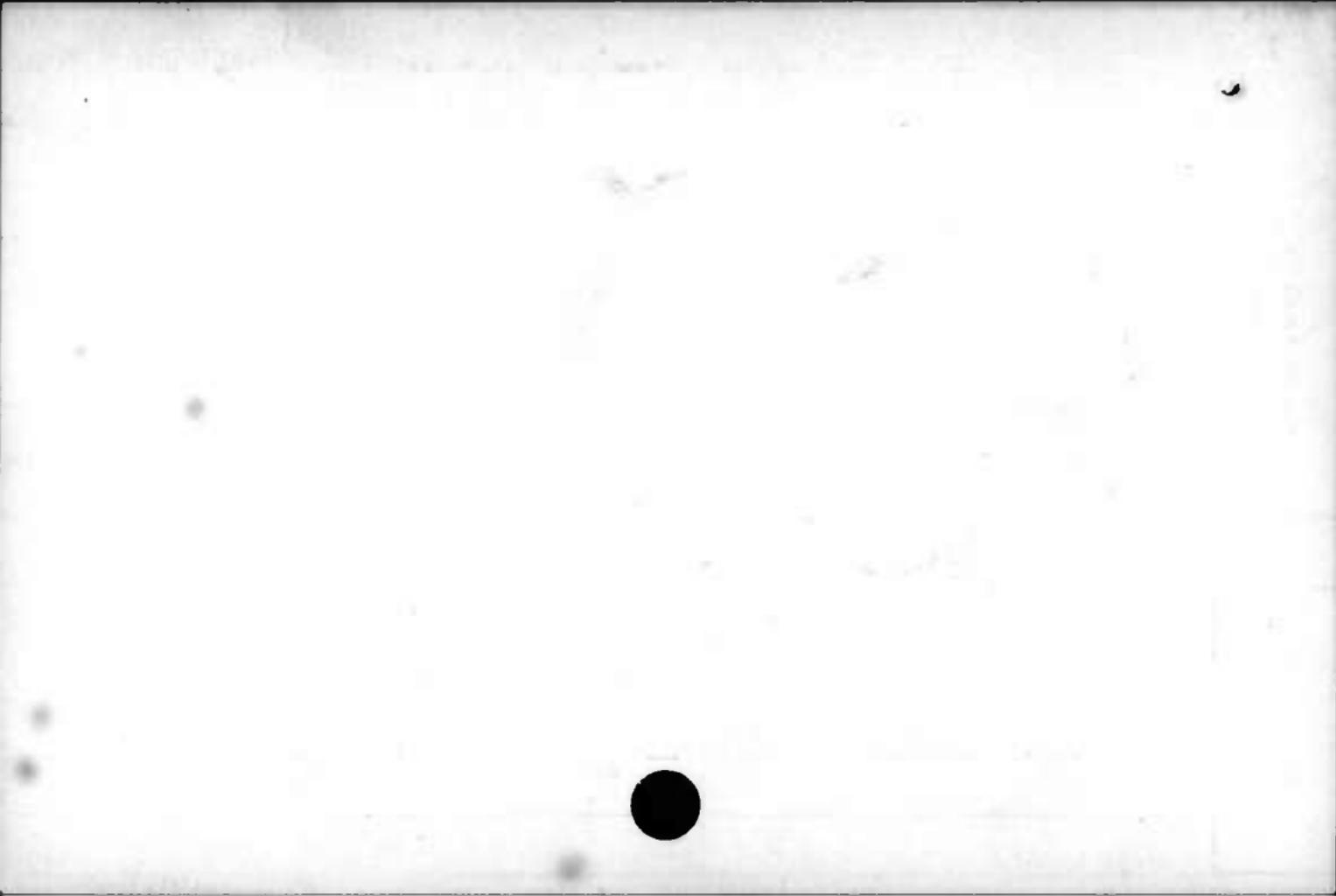
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J B Shupe
Westmport - Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Eiza Parker

CERTIFICATE OF DEATH

Died at <u>home</u>		Town	County <u>allegany</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>16</u>	Years <u>3</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>Blair</u>	Occupation				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Walt G. C.</u>			Father's Birthplace <u>So.</u>			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

1 hooping cough. 8

How long

2 years

Immediate

fluorina

How long

10 days

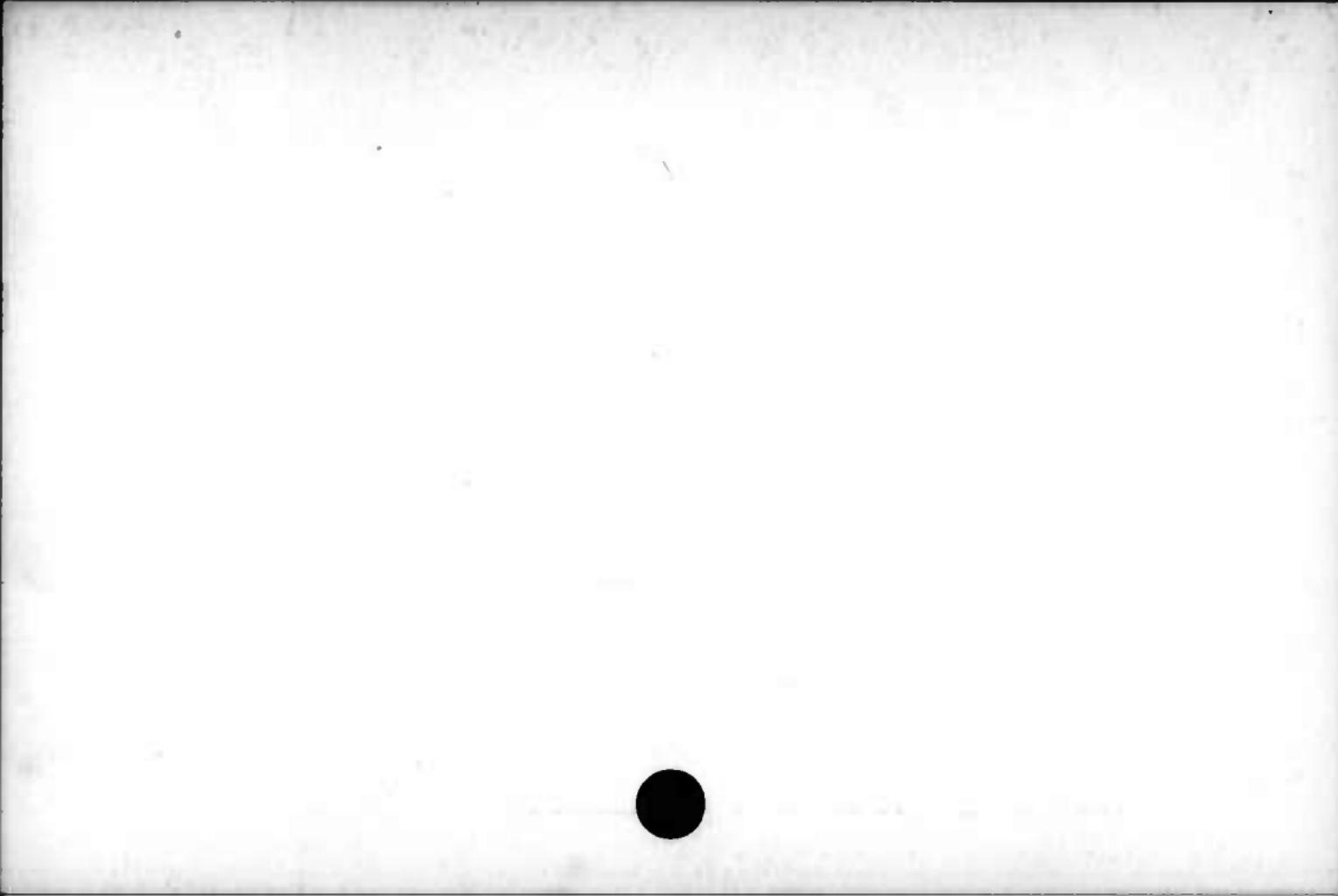
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thas. I do, son
fluorina
not

Accident or Suicide?



Name
in
Full

Helen May Porter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>1</u>	Years <u>45-</u>	Months	Days <u>25-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Mrs. wife</u>		Birth-place <u>Md</u>	
Married, Single or Widowed <u>Married</u>					
Name of Wife or Husband <u>Joseph M. Porter</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Miss Cora Porter.</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever.

How long

Three weeks

Immediate

Heart failure

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank B. Broadfoot M.D.

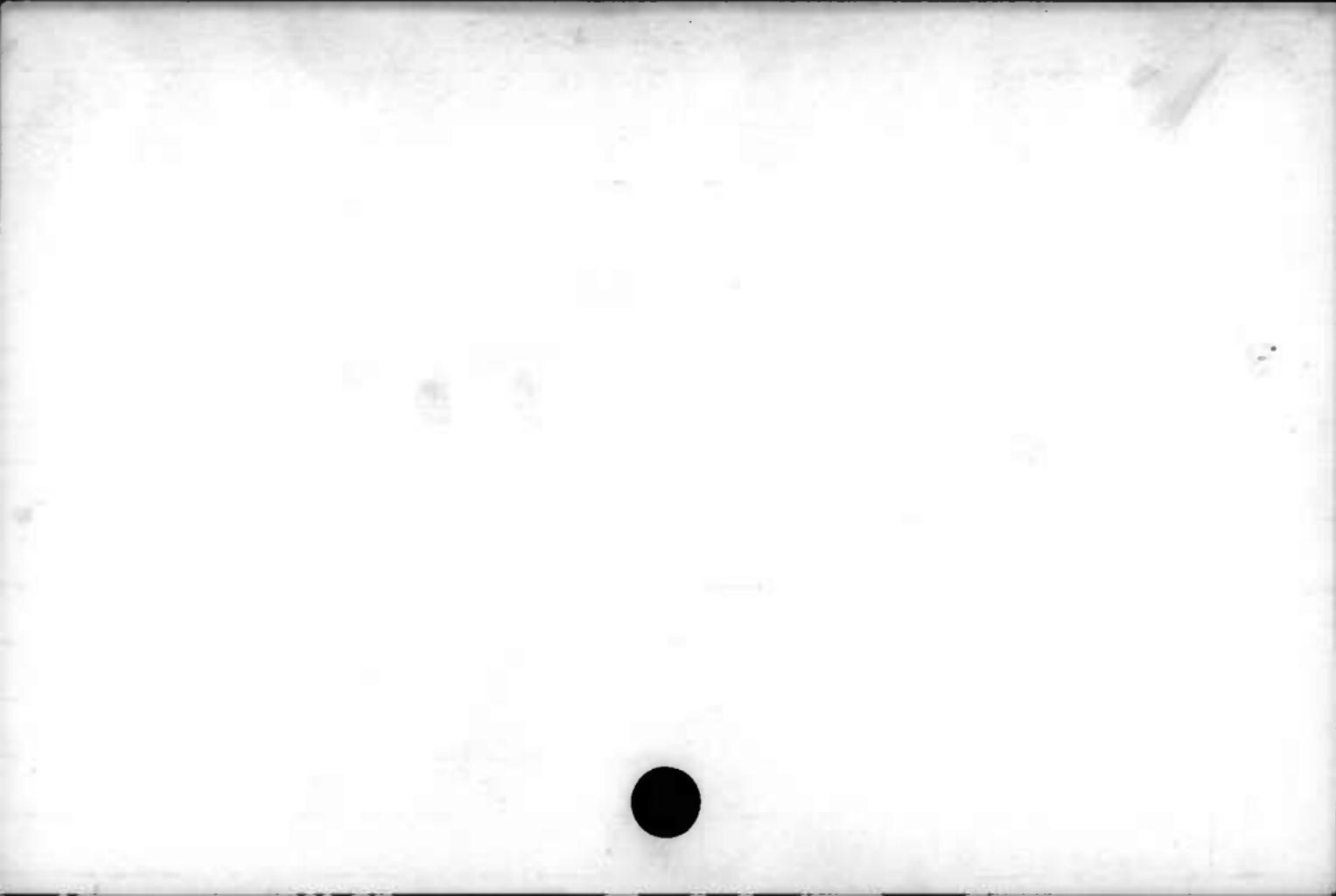
Address

100 Main

Porter Building

Accident or Suicide?

No Cumberland Md.



Name
in
Full

Margaret Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Perry Lane</u>			County <u>Allegany</u>	MARYLAND		
Date of death 1903	Month July	Day Tuesday	Years Age 81	Months 6	Days 9	
Sex Female	Color or Race <u>White</u>	Occupation <u>House wife</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Widowed</u>						
Name of Wife or Husband <u>George William Price</u>						
Father's Name <u>John Otto</u>			Father's Birthplace <u>Pembina Da</u>			
Mother's Maiden Name <u>Mary Dancy Willis</u>			Mother's Birthplace <u>" " "</u>			
Name of person giving Information <u>O.H. Fletcher</u>			How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age 156

How long

One month

Immediate

How long

Found dead in the morning

Are the name, age, sex, color, date and place correctly given above?

Yes

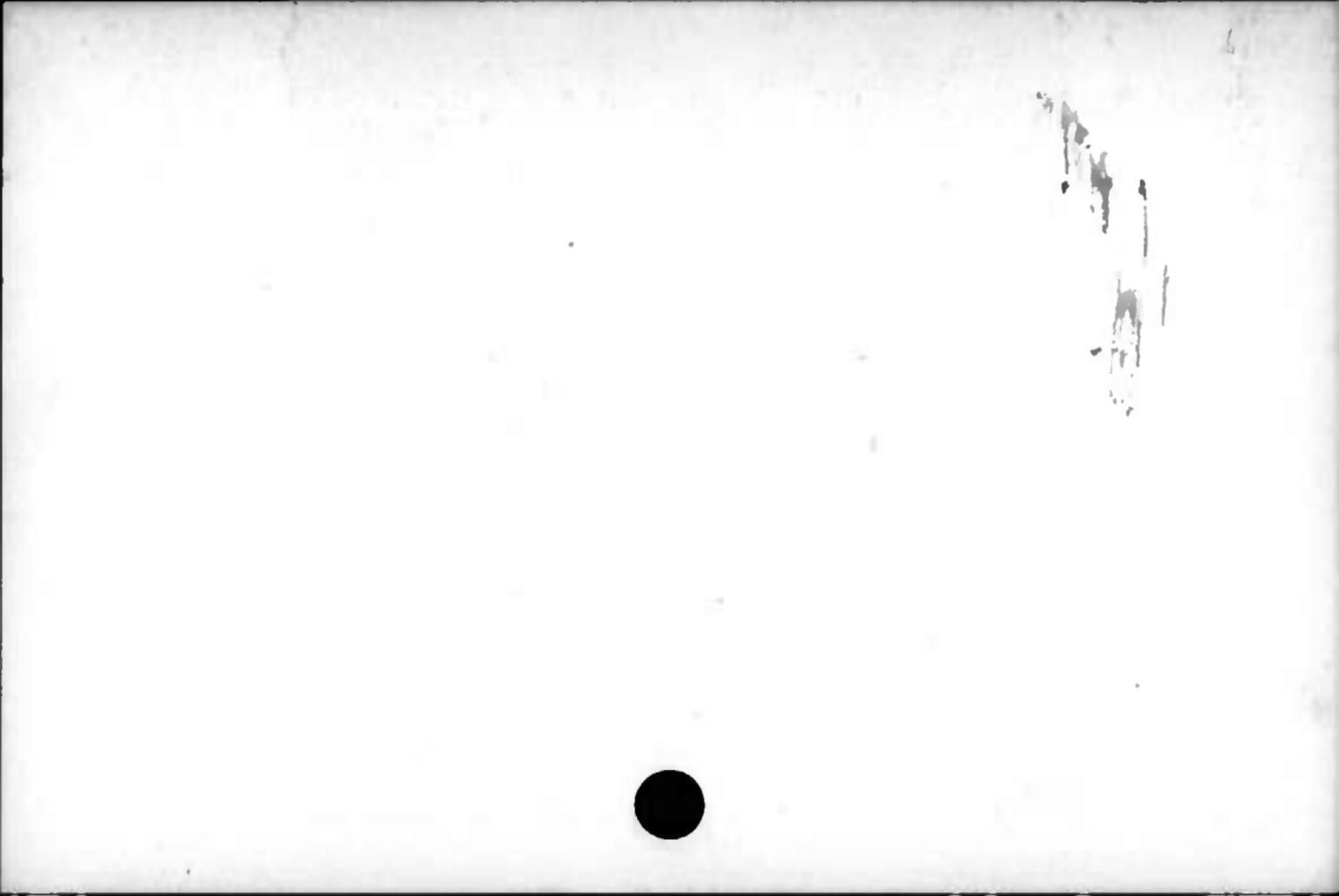
Signature of Physician

Address

Dr. J. W. Watson

Perry Lane, Md.

Accident or Suicide?



Name
in
Full

Infant (Burnton)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth- place	Occupation	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Dana G. Burnton			Father's Birthplace	W. Va.	
Mother's Maiden Name	Dora W. Kelly			Mother's Birthplace	Md	
Name of person giving Information	"	"	"	How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Primate Birth (8" mo)* How long —

Immediate *Exhaustion* How long *12a*

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

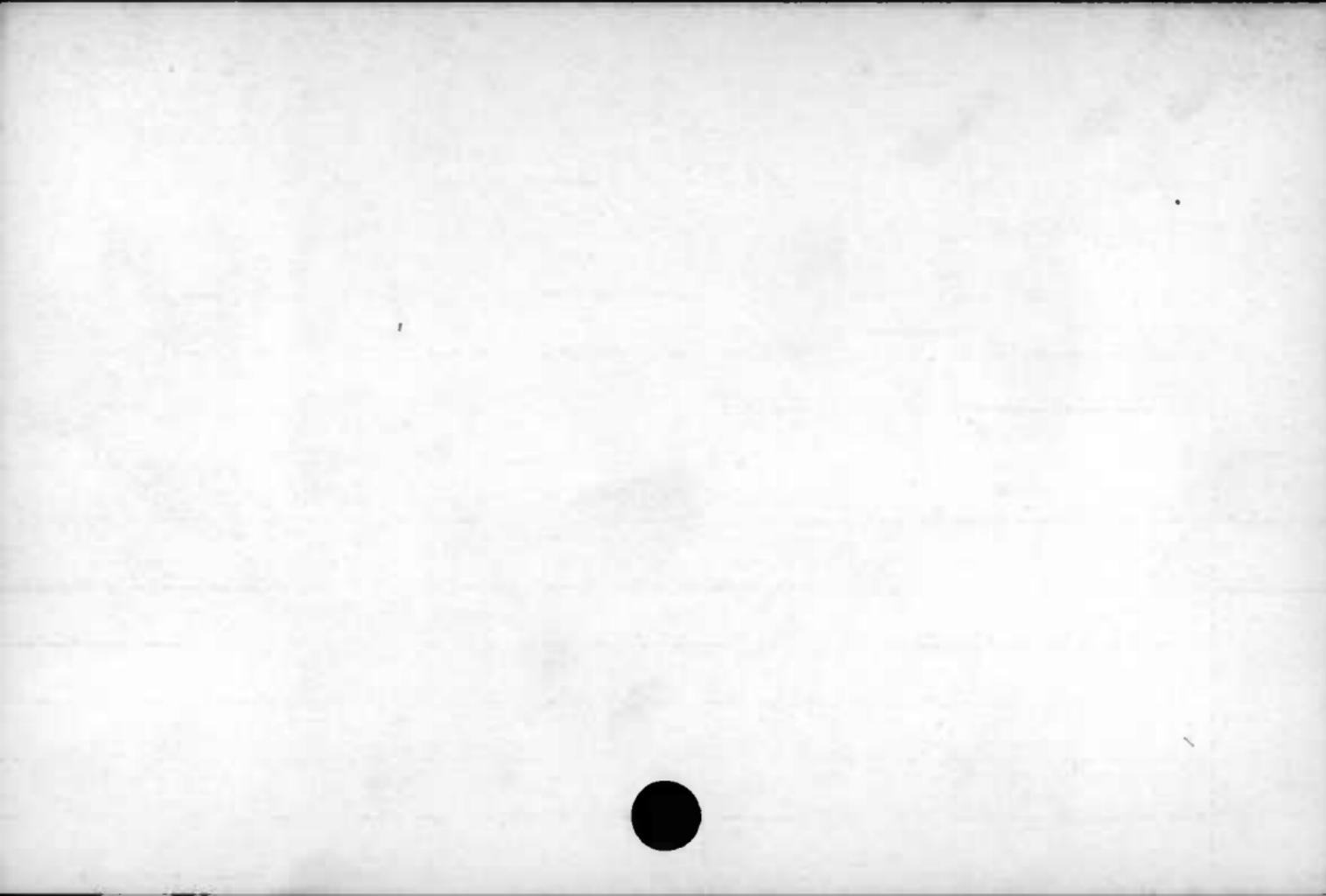
Address

Yes

*Leah Broadup
Cumberland, Md*

Accident or Suicide?

No



Name in Full

Heller Elizabeth ~~Quinn~~ Quinion

Certificate of Death

Died at

Town

Cumberland

County

allegany

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

97

Cause of

Primary

Bronchial Pneumonia

How long sick

7 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. J. Thompson

Address

6371 Rue Lavalie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Child of J. E. Ring,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 7	Day 28	Years —
Sex Female	Color or Race —	Age 21	Months 25
Married, Single or Widowed —	Occupation —	Birth-place Cumberland, Md	Days —
Name of Wife or Husband —			
Father's Name J. E. Ring	Father's Birthplace Md		
Mother's Maiden Name —	Mother's Birthplace —		
Name of person giving Information	How related to deceased Not related		
CAUSES OF DEATH			
Primary	Cholera Infantum		How long 2 weeks
Immediate	Ex Haemorrhage 105		How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. F. Ring,	Address
Accident or Suicide?			

PHYSICIAN
OR CORONER

Signature of Physician

Address



Name
in
Full

Mrs Nancy Rippser

CERTIFICATE OF DEATH

To BE ANSWERED BY -

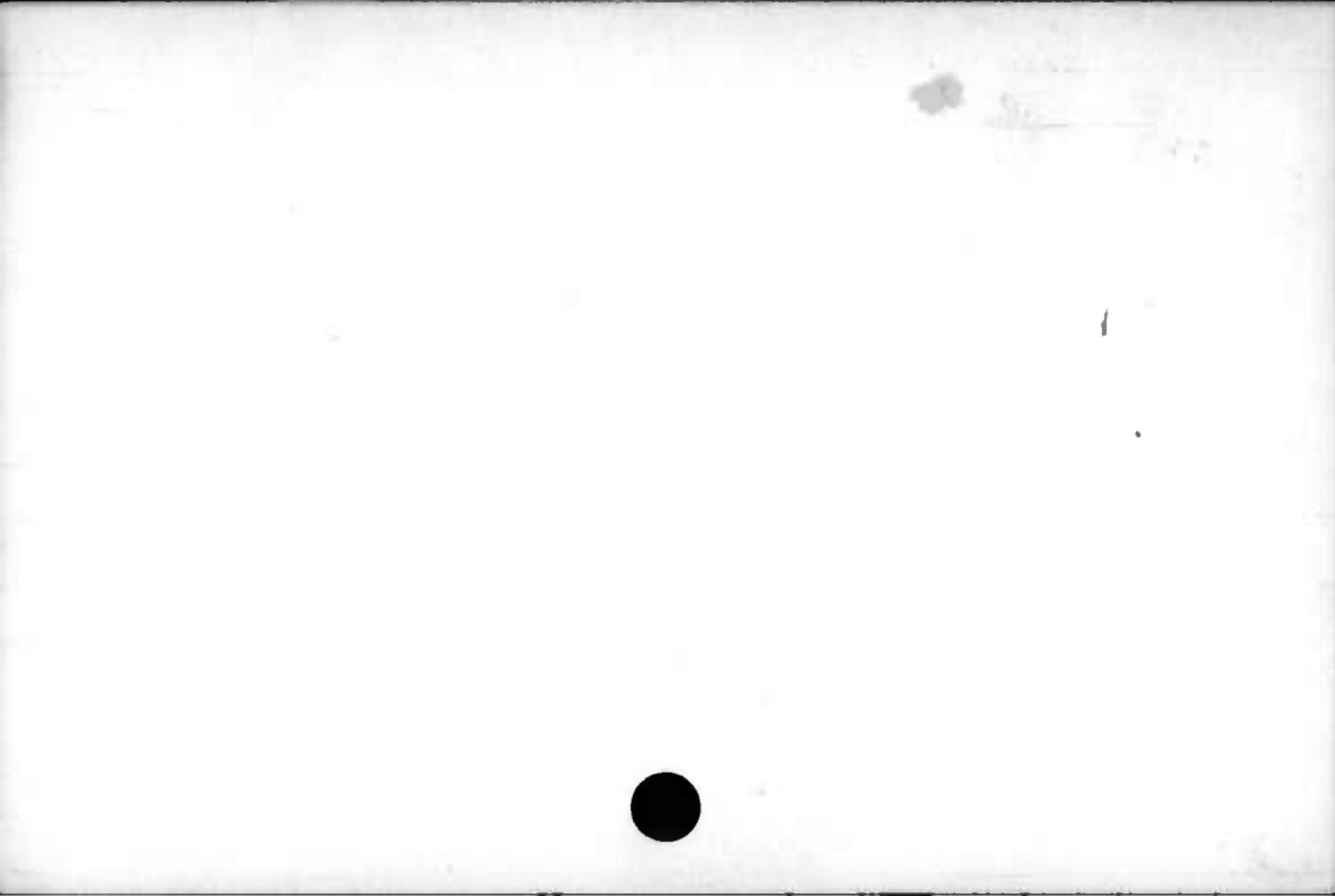
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Cumberland		County Alleghany		MARYLAND	
Date of death 1903	Month July	Day 18	Years 45	Months —	Days —
Sex Female	Color or Race white	Birthplace Allegany Co.			
Occupation House-work		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	John E. Rippser		
Father's Name	John Seiburg			Father's Birthplace	—
Mother's Maiden Name	Rebecca Valentine			Mother's Birthplace	—
Name of person giving information	John E. Rippser			How related to deceased	—

CAUSES OF DEATH

Primary	Small Pox	6	How long 2 weeks
Immediate	Small Pox	6	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. P. O'Neil, M.D.
		Address	Cumberland, Md.
Accident or Suicide?			



Name
in
Full

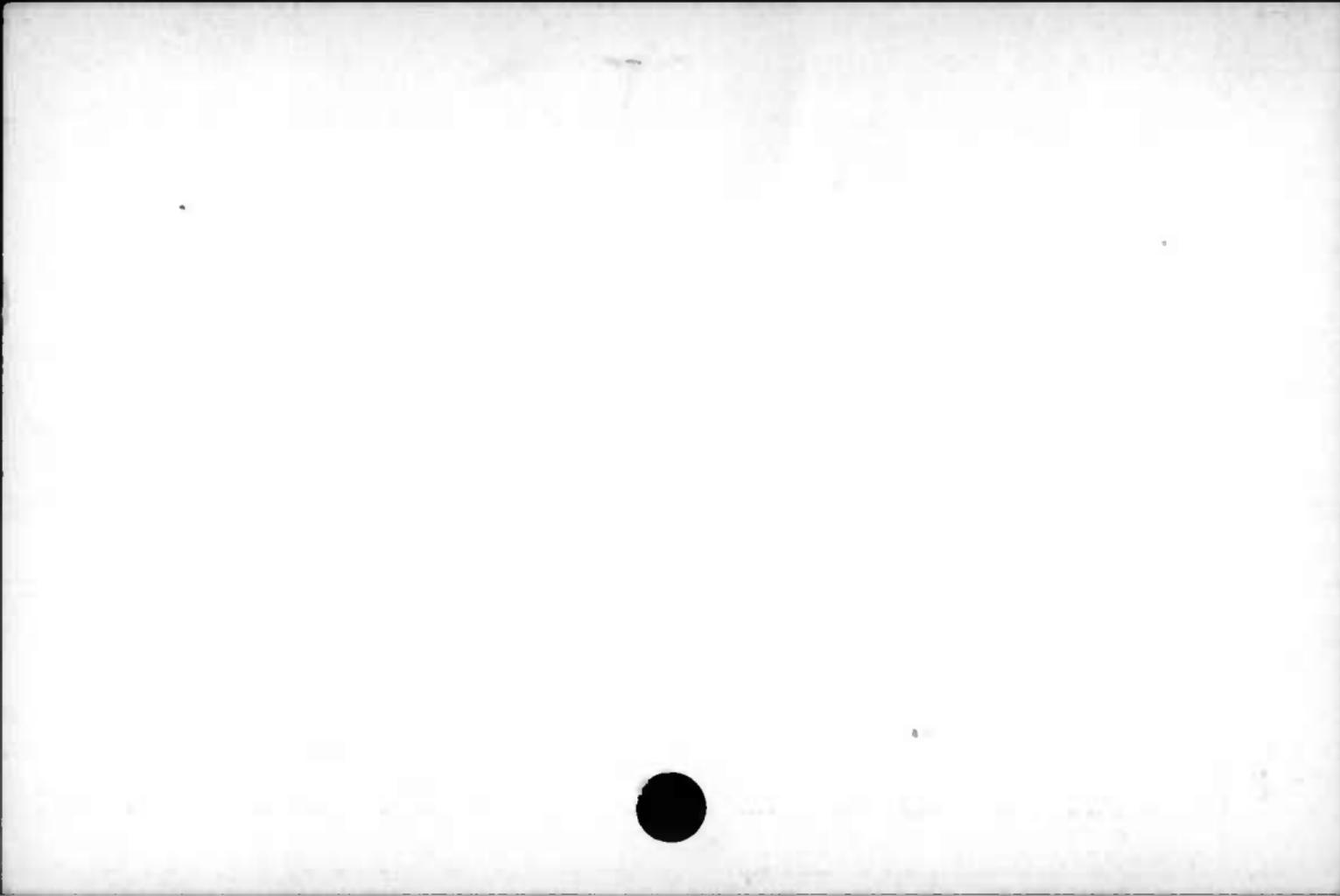
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 190	3	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	7	+	+	
Married, Single or Widowed	Married	Occupation	Haysmith				
Name of Wife or Husband	Charles Parry Smith						
Father's Name							
Mother's Maiden Name							
Name of person giving Information	Henry Bach 79						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Mitragynine & cocaine	How long	
	Immediate	Cholera Morbus Stenosis	How long	
Are the name, age, sex, color, date and place correctly given above?		7/25	Signature of Physician	
			Address	
Accident or Suicide?		Edward H. H. M. - Dr. George E. M.		



Name
in
Full

Mary A. Rowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
July		26	Age 91	6 Mo	July	
Sex Female	Color or Race	Birth-place				
Occupation		Housewife				
Married Single or Widowed						
Name of Wife or Husband						
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information	How related to deceased				Son	
Thos Rowan						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

1st

How long

5 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

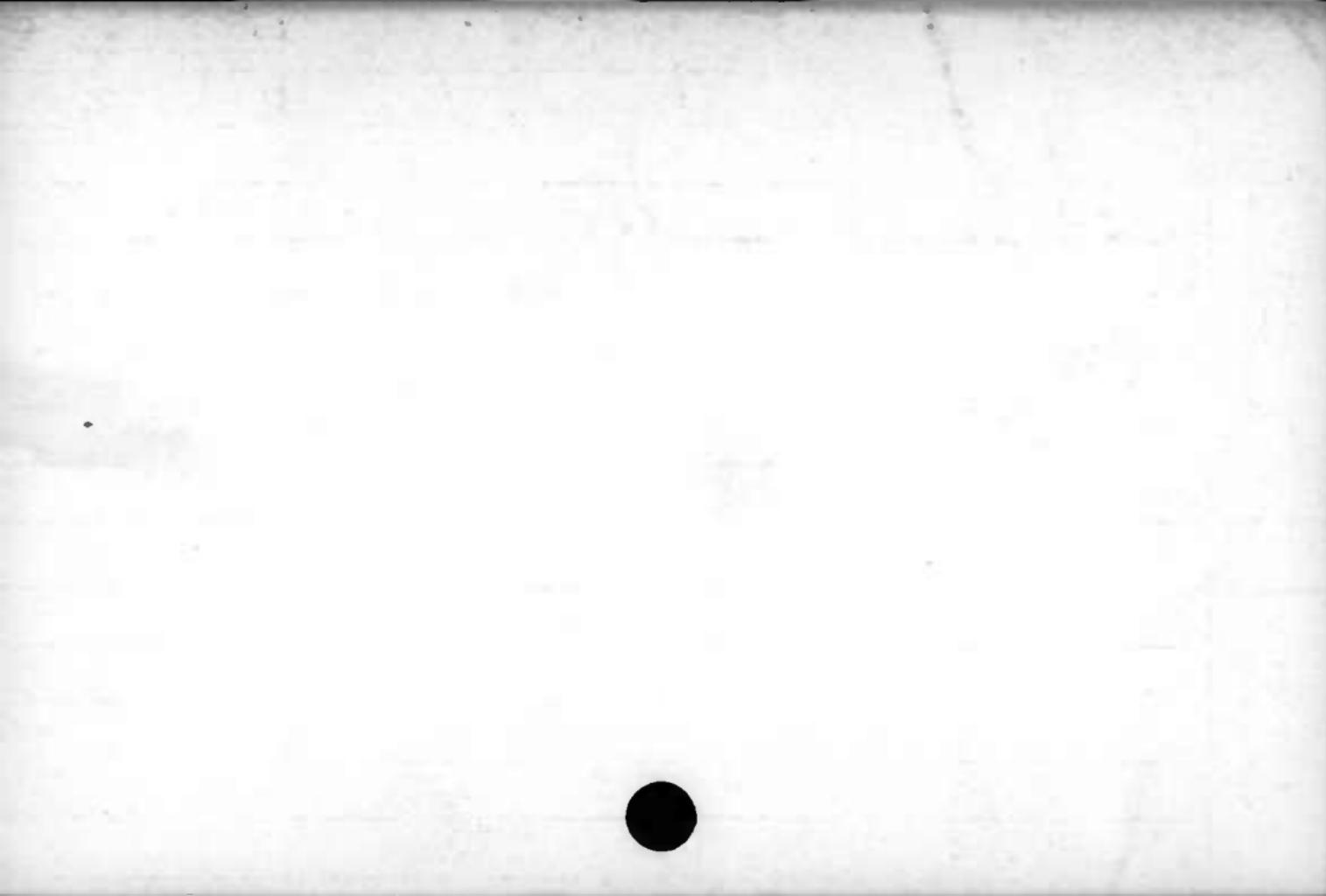
Yes

Signature of Physician

Address

C. C. Jacobs.

Accident or Suicide?



Name

in
Full

To BE ANSWERED BY

NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month July	Day 13	Year 1	Months 7	Days -
Sex	Male	Color or Race	White	Birth-place	Cumberland	
Occupation	Child	Where Residing if not at place of death			Fayette St -	
Married, Single or Widowed	-	Name of Wife or Husband			Hansy G W Va	
Father's Name	David Remmim			Father's Birthplace	Hansy G W Va	
Mother's Maiden Name				Mother's Birthplace	Hansy G W Va	
Name of person giving information	105			How related to deceased	Parents	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

2 1/2 Weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

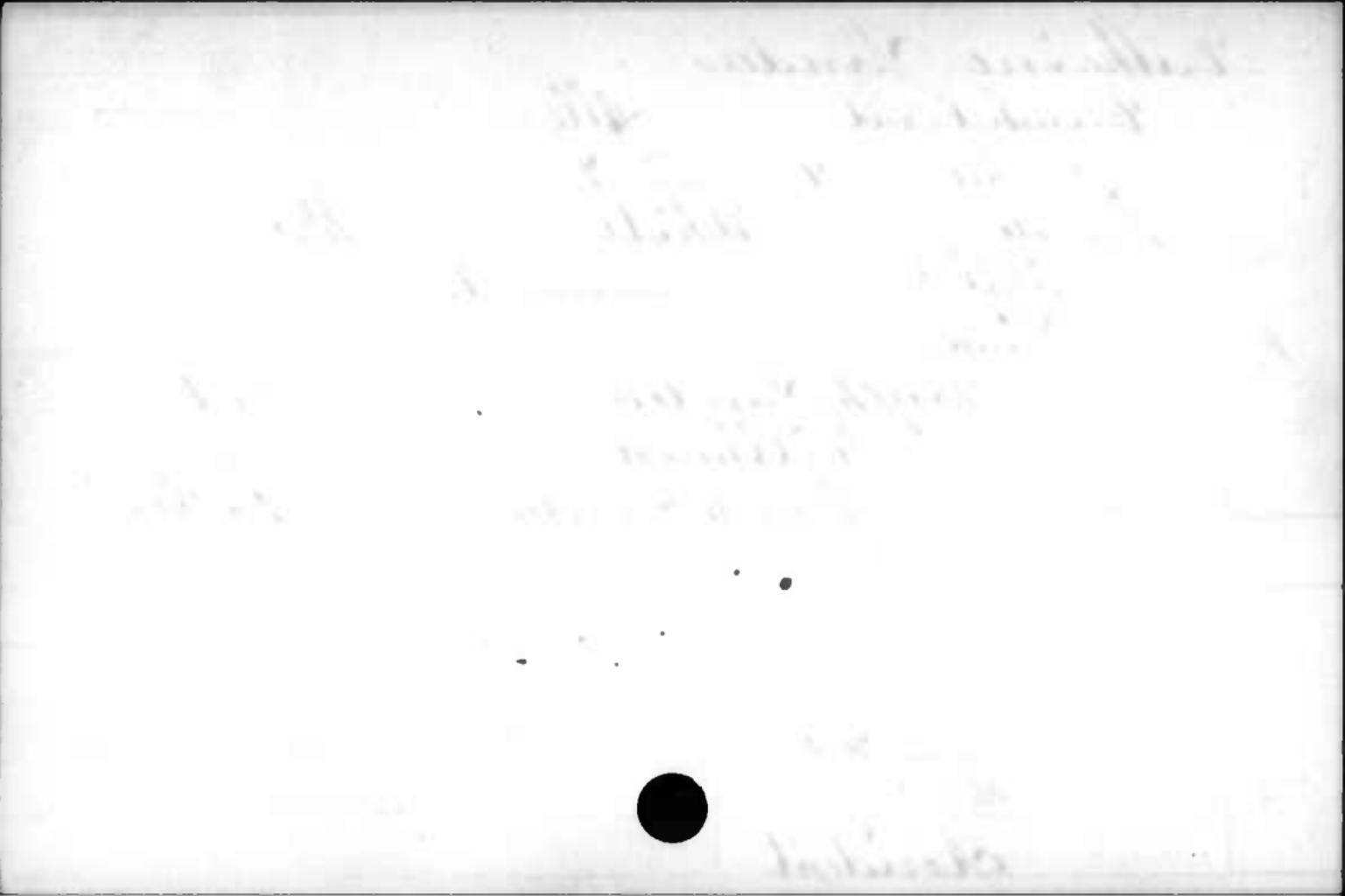
Yes

Signature of Physician

Address

Gothorpe St
Cumberland

Accident or Suicide?



Name
in
Full

Catherine Sanders

CERTIFICATE OF DEATH

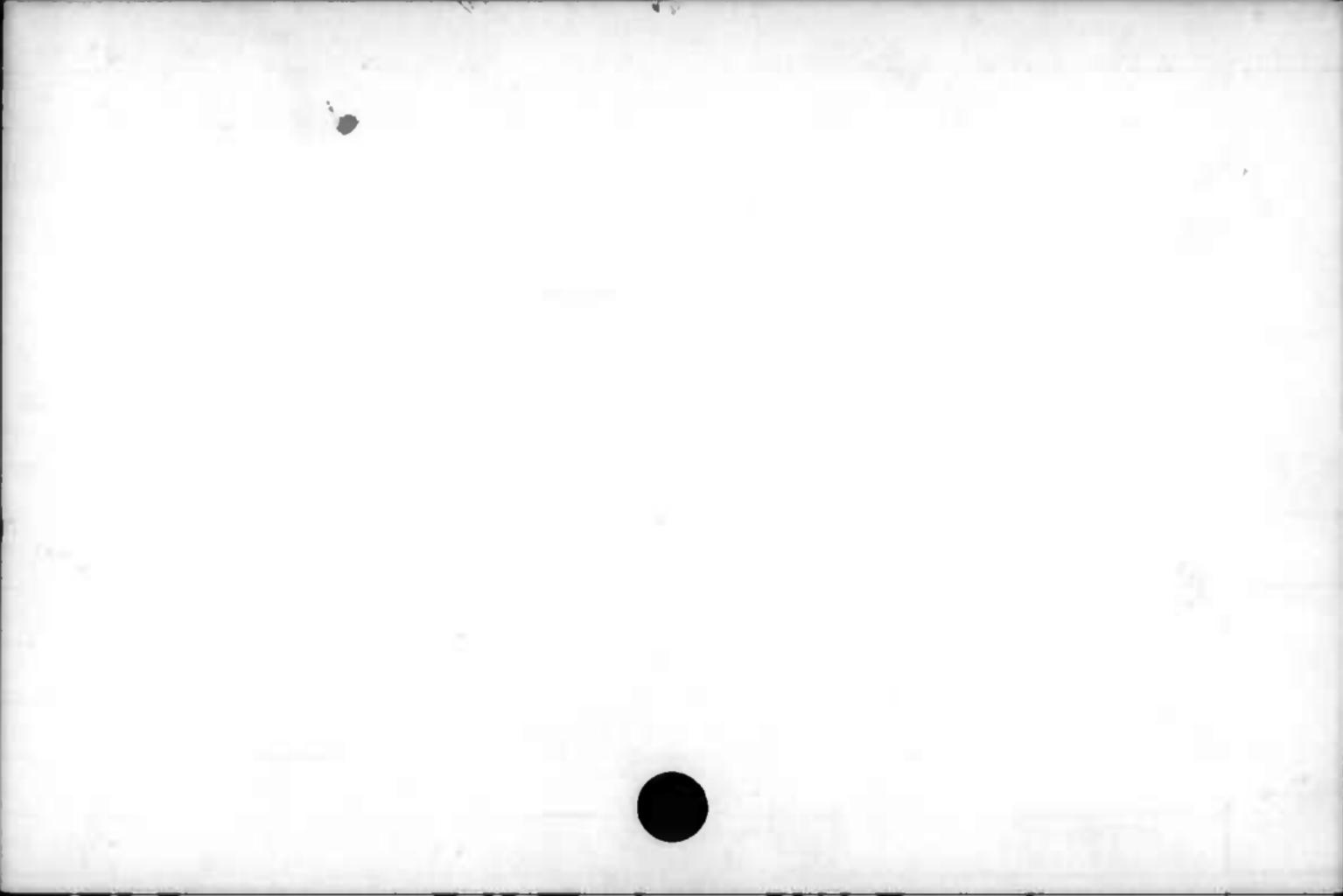
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		Town	Alle	County	MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>9</u>	Age <u>7</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>Child</u>				Where Residing if not at place of death <u>8</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Joseph Sander</u>				Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Millinan</u>				Mother's Birthplace		
Name of person giving information <u>Joseph Sanders</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fractured Skull</u>	How long <u>16</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Corine</u> Address <u>Corine</u>
Accident or Suicide? <u>Accident</u>	



Thomas Smith

Town

County

Died at

Cumberland - Allegany

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Age

12 8 2

Native of

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

1909

Wife

Father's

Name

Mother's
Maiden Name

Maggie Smith

How long sick

Cause of

Primary

Colie

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

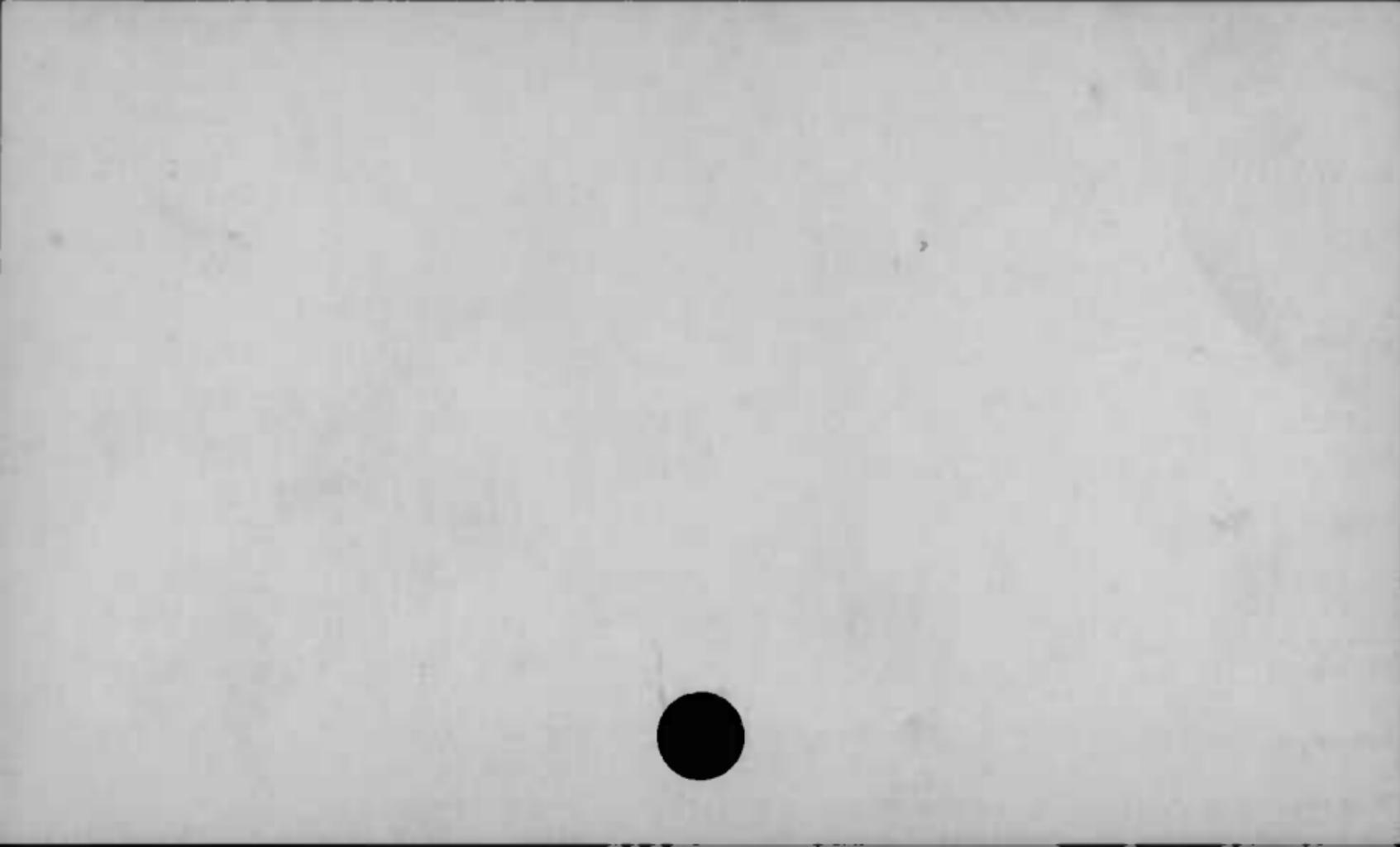
J. H. Thompson

Address

13th. Mechanic

At

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Delmar Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month July	Day 13	Age	Years	Months	Days 18
Sex	Male	Color or Race	White	Occupation	Birth-place	city -
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	J. Wm. Smith		Father's Birthplace			
Mother's Maiden Name	Ella M. Jenkins		Mother's Birthplace			
Name of person giving information	Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Thrush & Indigestion	How long	Lip
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. L. Broadway
		Address	100 Va an
Accident or Suicide?	No		city -



Name
in
Full

Chas. H. Stanley

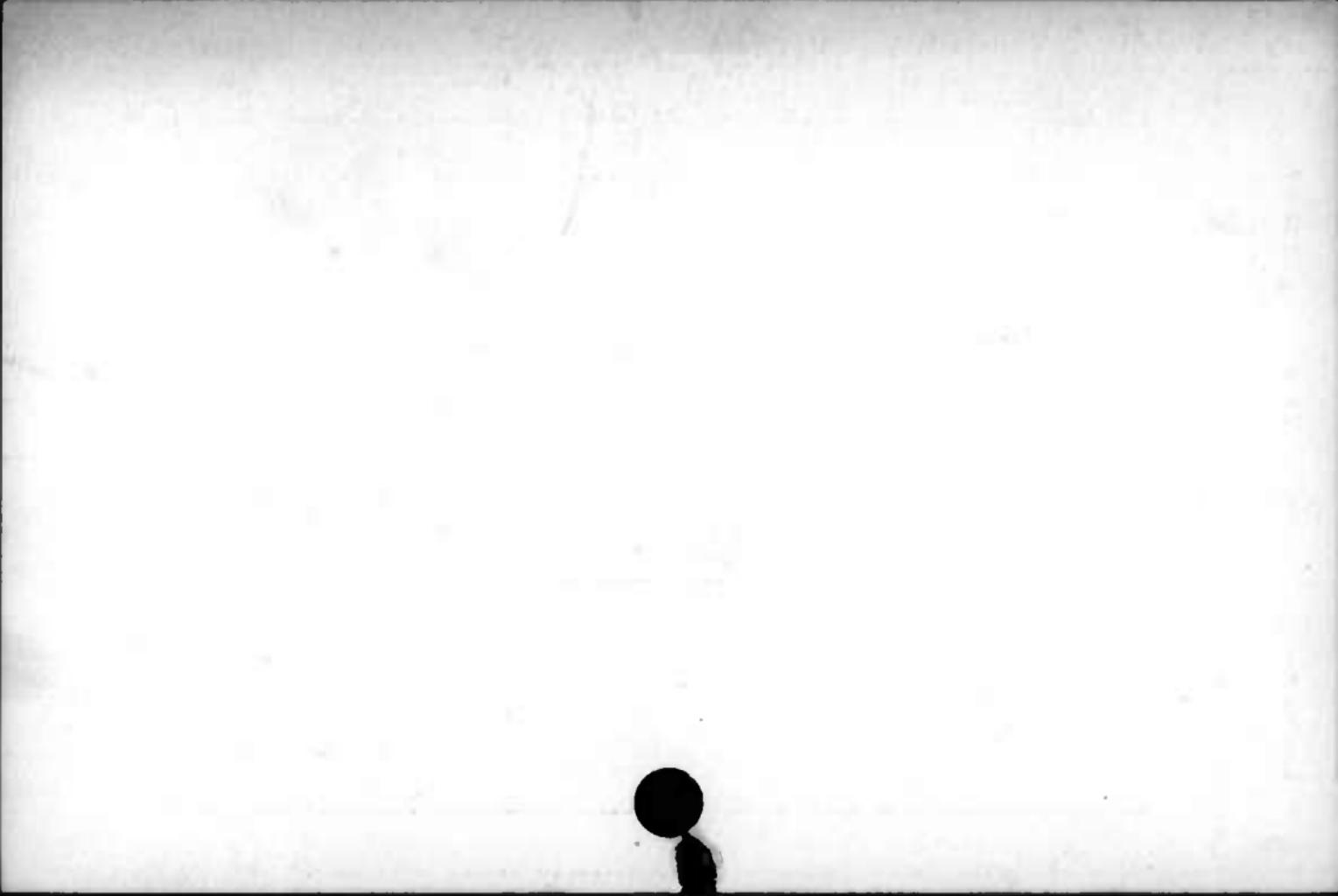
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Waukegan</u>		Town	County <u>Waukegan</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>16</u>	Years <u>26</u>	Age <u>26</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Waukegan</u>	
Married, Single or Widowed <u>Married</u>			Occupation <u>Painter</u>			
Name of Wife or Husband						
Father's Name <u>Walt. H. Stanley</u>				Father's Birthplace <u>Waukegan</u>		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	<u>or</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>	How long <u>29</u>
	Immediate <u>Glaucoma</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Chas. H. Dozer, M.D.</u>
		Address <u>511 W. Main St. Waukegan, Ill.</u>
Accident or Suicide? <u>No</u>		



Name
in
Full

John Stein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Cumberland	Allegany			Months	Days
Date of death	1903	Month July	Day 12	Age 72		
Sex	Male	Color or Race	White	Occupation	Birth-place Germany	
Married, Single or Widowed	married			cabinet maker		
Name of Wife or Husband						
Father's Name						
Mother's Maiden Name						
Name of person giving Information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis due to cerebral hemorrhage	How long	about 1 week
Immediate	Fractured Scossa	How long	week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H.H. Stansbury
Yes		Address	Cumberland Md
Accident or Suicide?			



Name
in
Full

Edith C. Steward

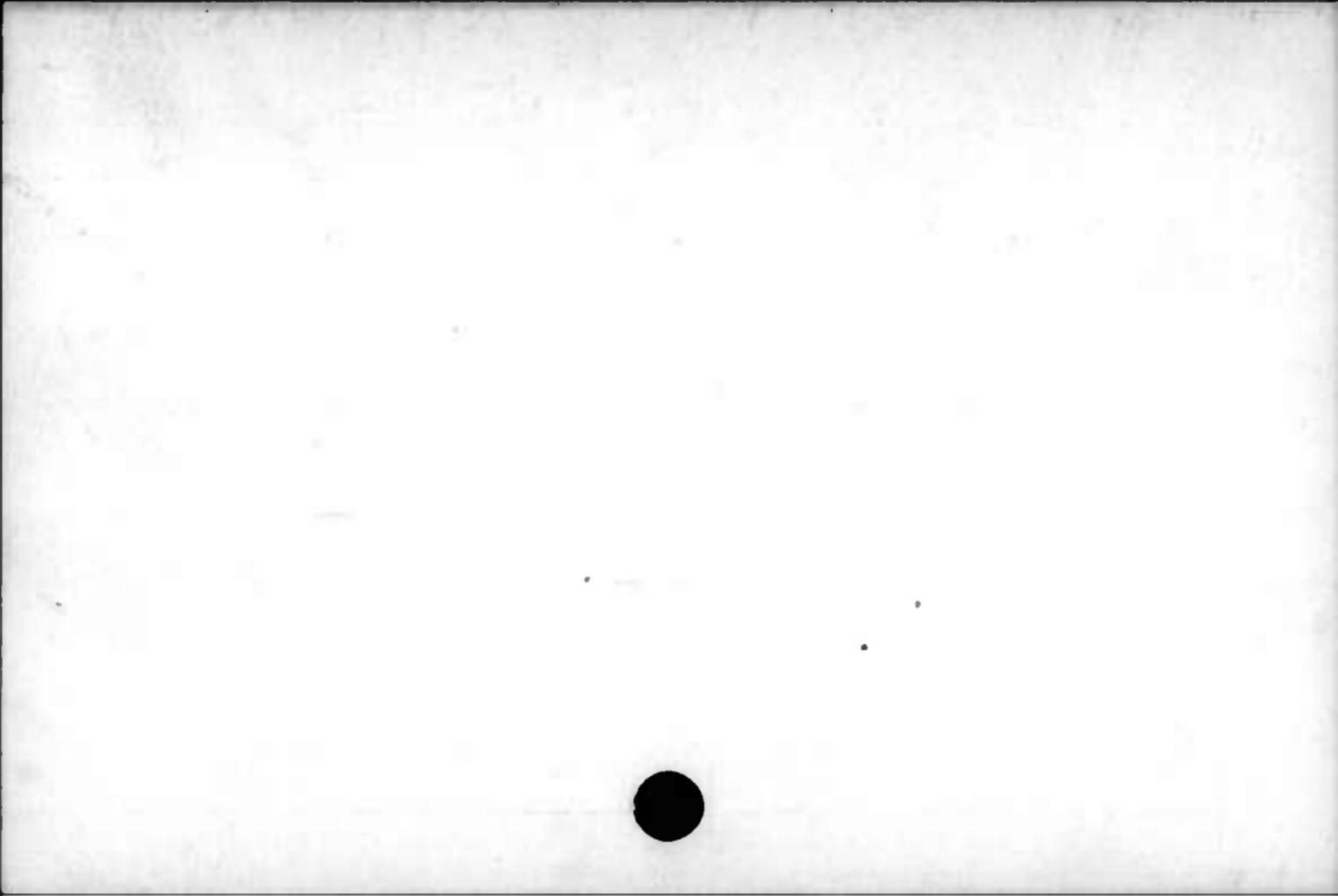
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Cumberland	Allegany					
Date of death 190	7	Month	Day	Years	Months	Days	
			5	6			
Sex	Female	Color or Race	White (?)	Birthplace			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pericarditis	How long
	Immediate	Exhaustion	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	yes	Address	F.B. W. Jones et al Cumberland, Pa
	Accident or Suicide?		



Name
in
Full

Samuel Teeter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		MARYLAND	
Date of death	1903	Month	July	Day	19 th	Years	82
Age		Color or Race	White	Occupation		Months	7
Sex	Male					Birth-place	Pennsylvania
Married, Single or Widowed	Married						
Name of Wife or Husband	Mary. E. Teeter						
Father's Name	John Teeter					Father's Birthplace	Pennsylvania
Mother's Maiden Name	Annie Hazenbaker					Mother's Birthplace	Maryland
Name of person giving information	Mary. E. Teeter					How related to deceased	Wife

CAUSES OF DEATH

Primary	Old age.	1st	How long	Six Weeks.
Immediate			How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	S. A. Boushier Sub R	
		Address	Bartow Md.	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

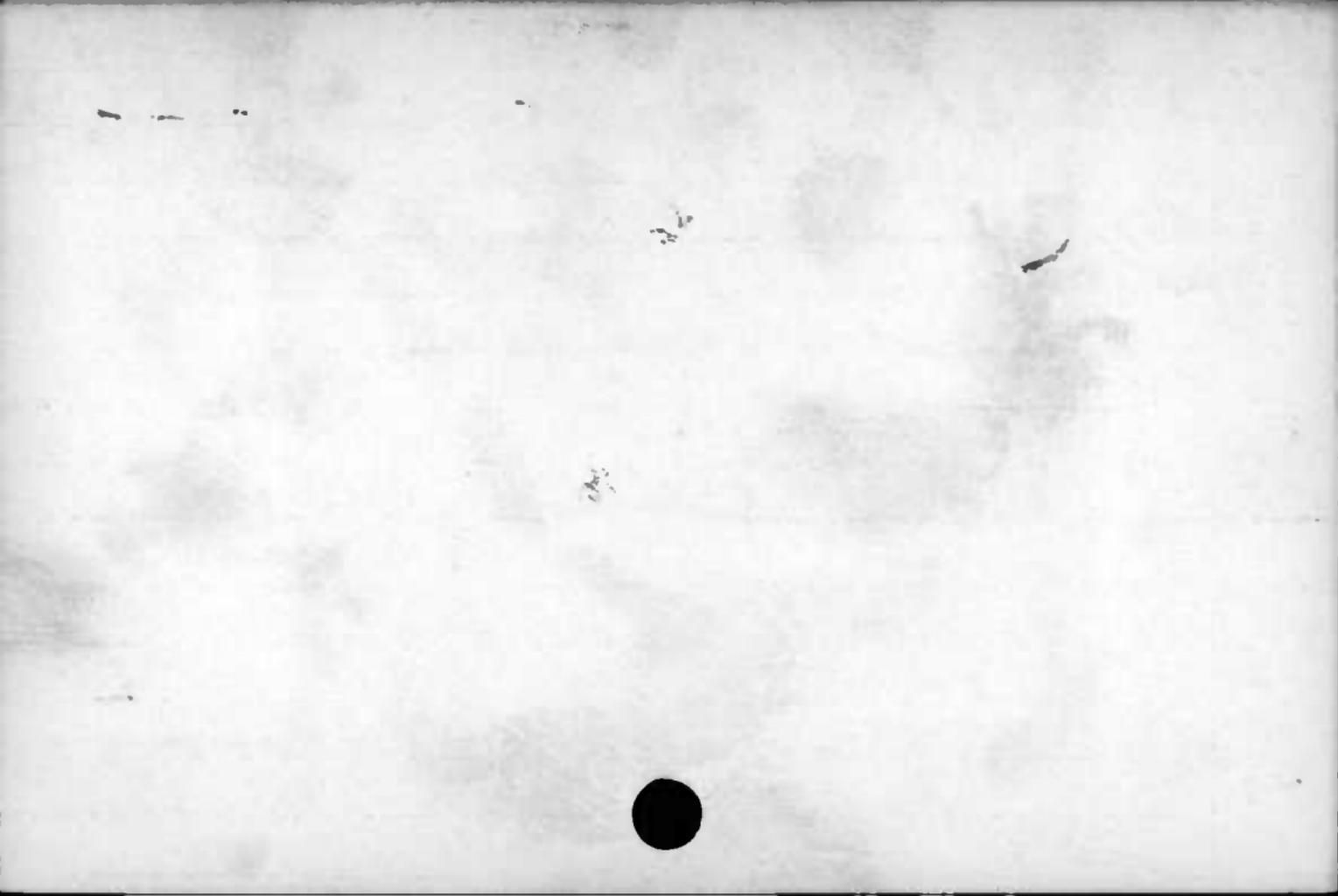
Name		George Weitzer		County		CERTIFICATE OF DEATH	
Died at	Town	Campbellton		Kings County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Campbellton		
Married, Single or Widowed	Married	Occupation	Farmer				
Name of Wife or Husband	Elizabeth Webber						
Father's Name	Chester Webber			Father's Birthplace	Germany		
Mother's Maiden Name	[Redacted]			Mother's Birthplace	" "		
Name of person giving information	[Redacted]			How related to deceased	[Redacted]		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stages of Liver	How long	12 days
Immediate	Exsanguination	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	✓	Signature of Physician	H. J. M. D.
		Address	Campbellton, Md.

Accident or Suicide?



Name
in
Full

James Westbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month July	Day 22	Age 35 yrs	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Salon keeper			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Roda Weston			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Roda Westbrook			How related to deceased	Wife	
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary

•

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

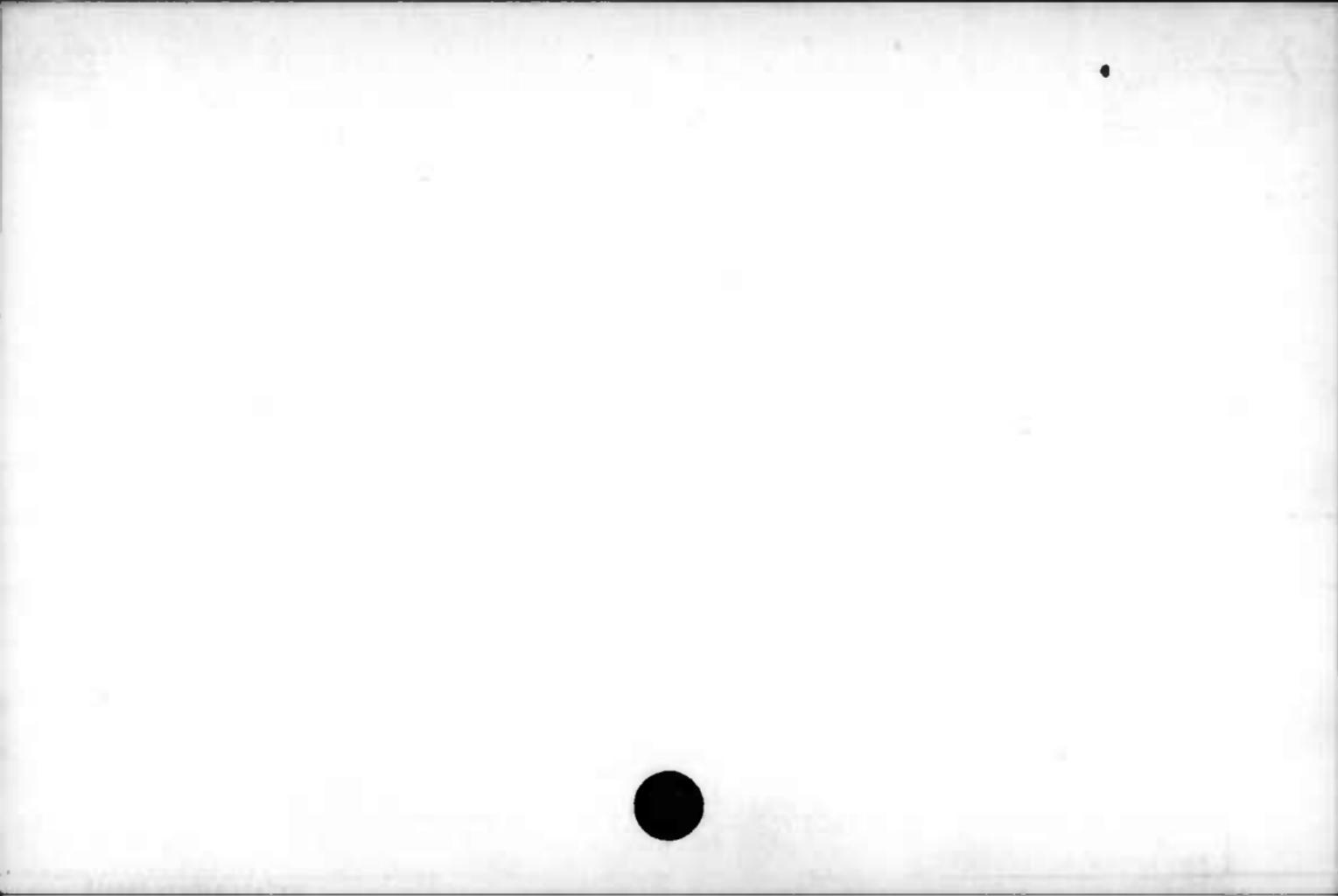
Yes

Signature of Physician

Address

W. J. Conn &
Sonress

Accident or Suicide?



Name
in
Full

Sarah A. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 24	Years 29	Months 9	Days 13
Sex	Female	Color or Race	white	Birth-place	St. Va.
Married Single or Widowed	Married	Occupation	House wife		
Name of Wife or Husband	Starfield Wilson				
Father's Name	William Teters	Father's Birthplace	Pa.		
Mother's Maiden Name	Hannah Monnett	Mother's Birthplace	Maryland		
Name of person giving Information	Starfield Wilson	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

1 yr.

Immediate

Hemorrhage

How long

20 min.

Are the name, age, sex, color, date and place correctly given above?

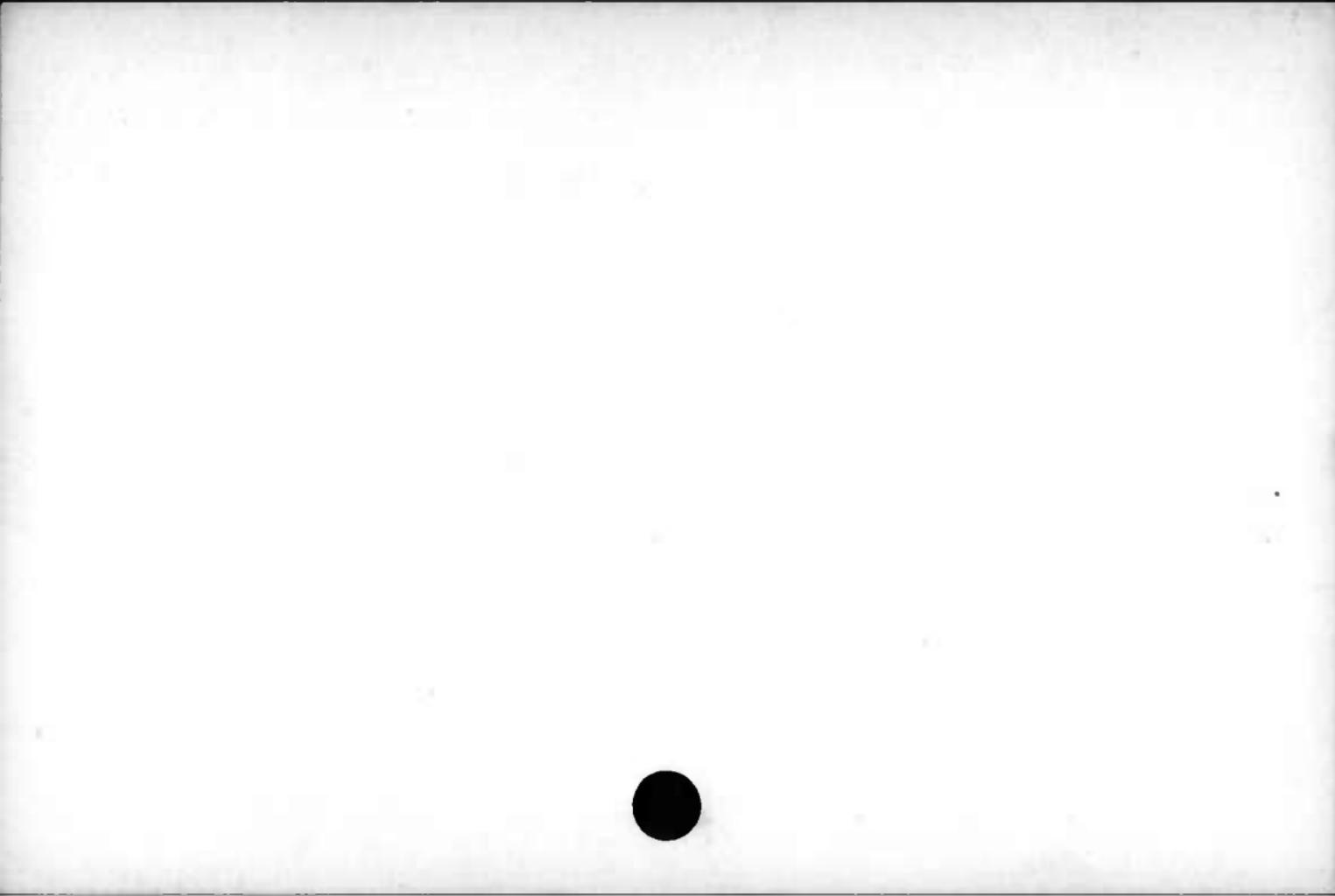
Yes

Signature of Physician

Address

Dr. L. V. Harbaugh
Old Town,
Ind.

Accident or Suicide?



Name
in
Full

Ray Worthing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camdenland</u> . Town		County <u>allegany</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>25</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>	Age <u>46</u>	Birth- place <u>Md</u>		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name <u>R. V. Worthing</u>				Father's Birthplace <u>W. Va.</u>	
Mother's Maiden Name <u>Hope Mason</u>	151			Mother's Birthplace <u>W. Va.</u>	
Name of person giving Information <u>R. V. Worthing</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary	<u>Milk Sepsis</u>	How long <u>18 days</u>
Immediate	<u>Chancroid</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. A. F. Tracy, m</u>	
	Address <u>Camdenland</u>	
Accident or Suicide?		

PHYSICIAN
OR CORONER

